

DRAFT

**Senior Farmers' Market Nutrition Program (SFMNP)
Fiscal Year (FY) 2015 State Plan Guidance
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State Plan of Operations

Senior Farmers' Market Nutrition Program

2015

SENIOR FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2015

Please clearly identify any attachments/addenda pages according to the numbering/lettering system used in this format.

State Agency: Alaska

I. Goals

- A. Describe the State agency's plans to achieve the three purposes of the SFMNP (§249.1), as follows:
1. to provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from farmers' markets, roadside stands, and CSA programs to low-income seniors;
 2. to increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmers' markets, roadside stands, and CSA programs; and
 3. to develop or aid in the development of new and additional farmers' markets, roadside stands, and CSA programs.
- 1) Our plan is to provide eligible seniors in Anchorage, the Matanuska-Susitna (Mat-Su) Valley, Fairbanks and other areas with coupons which they may redeem for fresh, nutritious locally grown fruits, vegetables and herbs from area farmers' markets and farm stands during the summer growing season. We will also provide eligible homebound seniors and remotely located seniors in Anchorage, the MatSu Valley area, Fairbanks and other areas with farmer delivered produce. We will provide eligible seniors with culturally sensitive nutrition education on the value of these agricultural commodities in their diets, in an effort to increase their consumption of fruits and vegetables.
 - 2) We will try to increase the number of people who visit Alaskan farmer's markets and farm stands in Anchorage, the Mat-Su Valley and Fairbanks and other areas of Alaska and increase the amount of locally grown produce sold by Alaskan farmers in Anchorage, the Mat-Su Valley and Fairbanks and other outlying areas of Alaska.
 - 3) Because of limited federal funds, we have been unable to work with new agency/farmer pairs in additional areas of Alaska. We are encouraging seniors to use all the coupons they receive.
- B. Describe how the State agency plans to target the Program to areas with high

concentrations of eligible persons with the greatest access to farmers' markets, roadside stands, and CSA programs. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to enhance its operation and administration of the SFMNP. (§249.4(9)(i))

- 1) The Mat-Su Valley is the principle agricultural area in Alaska and also supplies produce in the Anchorage area. Fairbanks and the Tanana Valley also produce a great deal of produce in the summer months. These areas have concentrated population density as they are connected by a road system. The Kenai Peninsula also has many farmers and senior agencies. The majority of our coupons are used in these areas. Many activities at farmer's markets in these areas bring both local and visiting customers. We will try to increase the number of people who visit Alaskan farmer's markets and farm stands in Anchorage, the Mat-Su Valley, Fairbanks, and the Kenai Peninsula. In other more rural areas of Alaska, farmers have farm stands or work with local distributing agencies to bring fresh produce to the seniors participating at their agencies.

C. For a State agency submitting its initial application for funding (i.e., a State agency that did not operate the SFMNP in FY 2014), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

1. The number and category (seniors, women, infants, children) of participants served;
2. The extent of the program, (e.g., limited to a city or county, or was it a statewide Program?) and
3. The source(s) of funding for the program.

Please include any data that was collected concerning the benefits or impact of the program(s).

N/A

II. General Administration

A. In light of recent changes in technology for both the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), it is important that State agencies clearly identify how SFMNP benefits are provided to participants. Since the inception of the Program, SFMNP benefits are most often provided using either coupons or checks. In the event that a State agency is using a different delivery method such as electronic benefits transfer (EBT), it is expected that where applicable, the State agency address how that method applies to SFMNP.

1. Are any markets currently providing benefits using EBT? Yes x No ☐
If yes, for which programs? ☐ WIC ☐ SNAP x ☐ FMNP ☐ SFMNP

2. Do you anticipate providing SFMNP benefits using EBT? ☐ Yes x No
If yes, when? _____ In all markets or in selected areas? _____
3. Estimated number of SFMNP participants in FY 2014 (if applicable): 2606
4. Estimated number of SFMNP participants in FY 2015: 3000-3500
 - a. Many distributing agencies were limited by the amount of coupons available.
5. Proposed months of Program operation: June 1 through December 31
6. Proposed months of SFMNP coupon issuance: June 1 through September 30
7. Proposed months of SFMNP benefit usage by participants: June 1 through October 31
8. Proposed months of SFMNP benefit redemption (submission for payment) by farmers, markets, roadside stands and/or CSAs: June 1 through November 30
9. Proposed months of bulk purchase: N/A through N/A

B. Staffing

List all SFMNP staff positions below, including both full and part-time positions. Attach job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list. Section 249.4(a)(4) of the Federal SFMNP regulations requires a detailed budget in the State Plan, including a description of the Federal and non-Federal funds that will be used to operate the program. Although use of non-Federal funds is not required, describing the use of any such funds is helpful for the State agency and FNS to understand the administrative capabilities of the State agency; the use of non-Federal funds will not result in the reduction of the Federal grant.

Paid through Federal SFMNP Administrative funds

Position	Full Time	Part Time
Public Health Dietitian	<input type="checkbox"/>	x
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Paid through Non-Federal SFMNP funds/sources (specify)

Position

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

- C. Indicate in the space provided the **State agency** that will be responsible for performing (or overseeing the local agency or other entity/organization that will perform) each function listed below (State Department of Agriculture, State Department of Health, State Agency on Aging, etc.):

DHSS Family Nutrition Programs (FNP)	Lead State agency
DHSS Family Nutrition Programs (FNP)	Certify recipients for the SFMNP
DHSS Family Nutrition Programs (FNP)	Authorize and train local agencies/clinics
DHSS Family Nutrition Programs (FNP)	Issue SFMNP checks/coupons/EBT cards to participants
DHSS Family Nutrition Programs (FNP)	Issue SFMNP checks/coupons/EBT cards to local agencies/clinics
<u>n/a</u>	Negotiate contracts with CSA farmers
<u>n/a</u>	Negotiate contracts for bulk purchases
DHSS Family Nutrition Programs (FNP)	Provide nutrition education for the SFMNP
DHSS Family Nutrition Programs (FNP)	Reconcile SFMNP coupons/checks/EBT benefits
DHSS Family Nutrition Programs (FNP)	Conduct SFMNP reviews of local agencies/clinics
DHSS Family Nutrition Programs (FNP)	Authorize farmers/farmers' markets/roadside stands/CSA programs
DHSS Family Nutrition Programs (FNP)	Train farmers/farmers' markets/roadside stands/CSA programs

DHSS Family Nutrition Programs (FNP) Monitor farmers/farmers' markets/roadside stands/CSA programs

If the SFMNP State agency and the partnering State agency(ies) are different, include as an attachment a copy of each signed agreement between the agencies delineating the functions to be performed as indicated above. The written agreement(s) should delineate the responsibilities of each agency, itemize specific work activities, and identify the responsible designated representative of each agency.

- D. Will any other State or local government agency(ies), non-profit or for-profit organizations, or the Extension Service provide services for the SFMNP State agency?

Yes ☐ No ☒

If yes, list the State or local government agency(ies) and/or other organizations. **Include a copy of the signed agreement(s) between the SFMNP State agency and other agencies and/or the non-profit or for-profit organizations delineating the services to be performed (§249.4)(i).**

n/a

- E. Indicate the basis on which SFMNP benefits will be issued:

☒ Individuals ☐ Households

- F. Indicate the total Federal SFMNP check, coupon, or EBT benefit amount for each SFMNP participant: \$25-50. Section 249.8 (b) of the Federal SFMNP regulations states that the Federal SFMNP benefit level received by each participant, whether a household or individual, may not be less than \$20 per year or more than \$50 per year, except for certain State agencies that were grandfathered into the SFMNP using a different benefit level.)

- G. If applicable, indicate the total Federal SFMNP benefit amount for each participant for use at a CSA program (if this benefit amount is different than for use at farmers' markets or roadside stands): \$n/a. (Section 249.8(b) of the federal SFMNP regulations states that such SFMNP participants may receive a higher benefit level than non-CSA participants but may not be more than \$50 per year, except under certain conditions.)

N/A

- H. If applicable, indicate the total Federal SFMNP benefit amount for each participant for use in a bulk purchase program (if this benefit amount is different than for use at farmers' markets or roadside stands): \$n/a

I. Are any markets currently authorized to accept WIC CVV's?

Yes x No ☐

If yes, is this in all markets or in selected areas? Please attach a list.

WIC CVV's are authorized for all Alaskan farmers and farmer's markets. The list for Alaska farmers is found in the FMNP 2015 State Plan.

J. Are any markets currently/planning to offer incentives? Yes ☐ No x

If yes, please attach a list.

1. How much is the incentive? _____

2. How does the market determine who receives the incentive? _____

3. How is the incentive funded? _____

III. Funding

Describe in detail the State agency's financial management system that will provide for accurate, current and complete disclosure of the financial status of the SFMNP.

At a minimum, include the following elements:

1. procedures to ensure prompt and accurate payment of allowable and allocable costs, and to ensure that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contacts with State and Local Governments) and FNS guidelines and instructions (see §249.11)(d) of SFMNP regulations on allowable and allocable costs);
 - a. The State of Alaska has a computerized statewide accounting system. The Department of Health and Social Service, Division of Administrative Services administers the accounts for the SFMNP program. Using various accounting structures, funds are tracked according to source and expenditure. The system provides reports on a systemic and ad hoc basis for revenues and expenditures by program, category of expenditure and source of funding.
2. procedures for obligating funds, including disbursing funds from the Letter of Credit;
 - a. An authorized program officer approves expenditure of administrative funds. Depending on the nature of the expenditure, the approval is documented through generation of routine forms such as purchase orders, payroll time sheets, supply requisitions, and so on. From these documents, funds are obligated against an established account within the state accounting system through the fiscal section of the Division of Administrative Services. Once the obligation is entered, it is monitored by both program staff and by the Division of Administrative Services.
3. description(s) of how farmers are paid;

- a. The seniors will redeem the coupons for approved produce from participating farmers. At this point, a number is entered on the warrants to identify the individual farmer through a farmer stamp. The farmers will submit their coupon to a reimbursing agency, a grantee of the State of Alaska, and be reimbursed. The agency will report to the State Office on the amount of coupons redeemed and total amount of grant spent.
4. claims procedures for overpayments to farmers, farmers' markets, roadside stands, CSAs, and participants; and
 - a. For participants the funding (allocation) is limited to the value of the issued coupons. The State Office may authorize a second distribution. Until this second distribution is authorized, participants may only receive one coupon book worth \$25. If they fraudulently receive more than one set of coupons per eligible participant, they would be asked to return the coupons or refund the program the value of the excess coupons.
 - b. For farmers who are ineligible to redeem coupons (redemption without a farmers market stamp), they will not be reimbursed for the purchase.
5. Description of the time-reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.

SA Employees will report the breakdown of time spent on SFMNP on their timesheets in order to allocate salaries and related cost.

- A. Describe in detail the State agency's record keeping system per §249.23 for the SFMNP, addressing **at a minimum** the following areas:

1. Financial operations

- a. Funds are made available to each of the local SFMNP grantees through grants by the State of Alaska Department of Health and Social Services. The grants specify the services to be performed according to federal regulations and the State plan of operation. SFMNP grantees reimburse farmers for coupons used at their markets. The State agency staff generates reports of financial data monthly and reviews all financial data against the SFMNP grant to ensure all activity is allowable under the program (Appendix I). The State agency staff ensures the quality and timeliness of financial data reported to USDA, WRO. The State agency staff retrieves applicable financial activity from the State accounting system, prepares and submits required financial reports, responds to questions concerning the data, and maintains adequate documentation to support the reported data.

2. coupon/check/EBT card issuance and redemption

- a. Reimbursing agencies are often distributing agencies. Agencies will determine the eligibility of the applicant based on information supplied. The age of applicants and their income will be self-reported by the applicant. Each applicant will be asked to sign a one page application form to verify the accuracy of the information provided.
 - b. Approved seniors redeem their coupons at farmer's markets or farm stands authorized by the Alaska WIC FMNP.
- 3. CSA/bulk purchase contracts and payments
 - a. No CSA's exist in Alaska for SFMNP
- 4. SFMNP participation reporting, tracking staff time and other administrative expenses to ensure that Federal SFMNP funds are only used for costs which are allowable and allocable for the SFMNP
 - a. Unique financial coding established in the financial structure of the Alaska Statewide Accounting System is recognized as SFMNP. This assignment of financial coding unique to the SFMNP allows the State agency accounting staff to accurately record, monitor and identify SFMNP funds, receipts, expenditures and outstanding obligations. Financial data is used for SFMNP program development and monitoring, management of funds, reporting purposes and grant reconciliation. The State agency staff determines administrative and grant funding allocations necessary for successful program administration within the limitations of the USDA grant.

NOTE: A description of the State agency's financial management system is required earlier in Section III-A above. If some of the same information has already been provided under that section, it is not necessary to duplicate that information. It may either be provided here or cross-referenced to the relevant section.

If forms have been developed to facilitate any of these functions, an example of each form, along with a brief explanation should be attached to this document.

See Section III A

I. FY 2015 SFMNP ESTIMATED FEDERAL BUDGET SUMMARY

1. Total Federal Funds Requested (Prior Year's Total Federal Grant or Less):	\$ 85,738
2. Plus: Expansion Funds requested (if any): (Include expansion funds in calculation of requested funds)	13,456
total	\$99,194
3. Less: Federal Administrative Funds at 10% of total:	9919
5. Federal Foods Funds (minimum 90% of total):	\$ 89,274

II. FY 2014 SFMNP ADMINISTRATIVE BUDGET ESTIMATE

Certification	Coupon Management	Market Management	Nutrition Education	Financial Management	Total @ 10%
\$ 2,975	\$ 2,976	\$ 992	\$ 1,488	\$ 1,488	\$9,919
30 %	30 %	10 %	15 %	15 %	100 %

Certification: Eligibility determinations and outreach services.

Coupon Management: Pricing and reconciling/issuing checks, coupons and EBT cards to recipients, and instructing recipients on the purpose of the program and their proper use.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets/roadside stands.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers' markets and costs associated with FMNP audits.

II. FY 2015 ESTIMATED SFMNP FEDERAL CASELOAD CALCULATION

This worksheet determines the number of participants that can be supported with the Federal funds requested, and to ensure that no more than 50% of the SFMNP grant has been used for CSA programs; line 4 must not exceed one half of line 3 on this page. If benefits are not used for CSA programs, then only the first three steps below apply. Line 9, the Grand Total, includes non-CSA program caseload and CSA/bulk purchase program caseloads. Line 10 provides the percentage of the SFMNP food funds grant used only for CSA programs.

1. Available Federal Food Funds for Check/Coupon/EBT Option (non-CSA/Bulk purchase)

2. (Divided by) Proposed Total non-CSA Check/Coupon/EBT

\$ 89,274

Benefit Level (Minimum \$20, Maximum \$50) (Except for a current SA that has grandfathered in a lower benefit level)

3. Total Projected Check/Coupon/EBT Federal Caseload:

3571

4. Available Food Funds Remaining for Participants using CSA and/or Bulk Purchase Programs

0

a. CSA

0

b. Bulk Purchase

0

5. (Divided by) Proposed Total CSA Benefit Level (May be the same as for non-CSA participants, or higher, but must be a minimum \$20, maximum \$50, and must be the same for all CSA Participants, except per §249.8 (b)).

0

6. Total Projected CSA Federal Caseload

0

7. (Divided by) Total Projected Bulk Purchase Benefit Level

0

8. Total Projected Bulk Purchase Caseload

0

9. Grand Total Projected Federal Caseload

(Line 3) = w/o CSA or Bulk Purchase OR

3571

(Line 3 + Line 6) = with CSA Option OR

0

(Line 3 + Line 8) = with Bulk Purchase Option OR

0

(Line 6) = CSA Only OR

0

(Line 8) = Bulk Purchase Only OR

0

(Line 3 + Line 6 + Line 8) = with all Options

3571

10. Line 4, Worksheet II, divided by Line 3, Worksheet I

\$ 0

(Federal Food Funds) multiplied by 100 (this total may not be more than 50%)

0

III. FY 2015 ESTIMATED SFMNP NON-FEDERAL BUDGET SOURCE OF NON-FEDERAL FUNDS

Please list the source and amount of non-Federal funds, if any, which the State agency plans to use for the SFMNP. Section 249.4(a) (4) of the Federal SFMNP regulations requires a detailed budget in the State Plan, including a description of the Federal and non-Federal funds that will be used to operate the program. This information supports whether the State agency will have sufficient resources to meet caseload and/or administrative goals beyond those supported by Federal funds.

none			
Type	Source	Amount	Purpose
State and Local Funds		\$	
Private Funds		\$	
Other		\$	
Total		\$	

IV. Certification

A. Targeting Benefits

1. As required under §249.4(a)(9), describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets, roadside stands and/or CSA programs within the broadest possible geographic area. For example, will the State agency/ITO concentrate on serving only a few areas where there are large numbers of potential participants who have access to farmers' markets, roadside stands and/or CSA programs, or will it provide State/ITO-wide coverage?
 - a. Alaska SFMNP program operates primarily in communities on the road system. However, in the last few years, agency/farmer's market pairs have been added in more rural areas with limited access to commercially obtained fresh fruits and vegetables.
 - i. Each agency will come up with a plan to estimate as accurately as possible how many books they can distribute this season. Some agencies have always asked for more and some have used less.
 1. Last year's distribution will be reviewed when issuing coupons
 2. Issuance will depend on available federal funding.
 - ii. Each agency will make a concerted effort to distribute 100% of books received.
 - iii. We plan to redistribute books if needed mid-season. Agencies will be surveyed midsummer to determine if they have extra coupons or have need for more.
 - iv. Seniors will be given a flyer at certification reminding them to redeem all of their coupons to support the program. Agency staff will also tell seniors the importance of redeeming their coupons
 - v. We will encourage more use of proxies to encourage seniors to use their coupons.
2. Provide a detailed description of the service area(s), including the number (and location, if available) of participating markets/roadside stands/CSA/bulk purchase programs and local agencies (such as Area Agencies on Aging, Distributing agencies or CSFP distribution sites).

See FY14 Alaska WIC FMNP State Plan

- a. Estimated number of SFMNP participants per local agency:

Agency	Coupons
Anchor Point Senior Center	30
Anchorage Senior Center	290
Catholic social Services - RAIS	44
Catholic social Services - SF House	254

Chugiak Senior Center	85
Cook Inlet Housing Program	101
Copper River Native Association	40
Deltana Community Services Partnership	43
Dillingham Senior Center	8
Fairbanks Native Association	71
Fairbanks Resource Agency	25
Homer Senior Citizens, Inc.	21
Kenai Peninsula Food Bank	75
Kenai Senior Center	22
Mabel T Caverly Senior Center	14
Manor Management of Alaska	30
Mid Valley Senior Center	52
Nenana Tortella Council of Aging	61
Nikiski Senior Center	40
Ninilchik Senior Center	14
North Pole Senior Center	19
North Star Council on Aging	182
Orutsaramiut Native Council, Bethel	20
Palmer Senior Citizens Center, Inc.	308
SA/Chugach View / Chugach Manor	100
Salvation Army/Older Alaskans Program	125
Seward Senior Center	37
Soldotna Senior Center	35
Southcentral Foundation Elder Program	197
Sterling Senior Center	6
Wasilla Area Seniors, Inc.	257
	2606

3. When all available program benefits have been allocated to eligible participants will the local agency be required to maintain a waiting list of new applicants likely to be served?

☐ Yes ☐ No
To Be Determined

4. To enable the local agency to contact applicants on a waiting list when additional benefits become available, will the waiting list include the name of the applicant, date placed on waiting list, and address or telephone number of the applicant?

☒ Yes ☐ No

5. In States where the FMNP also operates, are the SFMNP service areas the same as the FMNP service areas, or closely overlapping, so that the same farmers' markets and roadside stands may serve both SFMNP and FMNP participants? If No, please explain.

☒ Yes ☐ No _____

B. Application Process (§249.6)

1. The State agency requires all local agencies to use a standardized application process for all persons applying for the SFMNP.

☒ Yes ☐ No

2. The State agency shares x State wide or _____ at local agency option (check one), a common application or certification form with (check all that apply):

☒ No other benefit programs

- ☐ Commodity Supplemental Food Program (CSFP)
☐ Food Distribution Program on Indian Reservations (FDPIR)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Aging Services
☐ Supplemental Security Income (SSI)
☐ Reduced price health care program(s)
☐ Other (specify): _____

3. a. Section 249.6(g) requires that applicants for SFMNP must be notified of eligibility, ineligibility, or placement on a waiting list (if they are likely to be served) within 15 days from the date of application.

☒ Yes ☐ No

See appendix T

- b. How does the State agency define “reasonable expectations that additional funds may become available” in order to determine whether to maintain a waiting list?

c.

- a. Additional funding has been sporadic the last few years. Second issuance coupons will be available on a 1st come, 1st served basis.

4. The 15 day period begins when the applicant (check all that apply):

- ☐ Telephones the local agency to request benefits
☒ Visits the local agency in person
☐ Makes a written request for benefits
☐ Makes an appointment

5. Each participant or authorized representative is informed on how to use farmers’ market checks/coupons, EBT cards or his/her CSA SFMNP benefits, and on the availability of other services, as set forth in §249.6(d)(3) of the SFMNP regulations.

☒ Yes ☐ No

6. The State agency has procedures to ensure that participants are certified only for the current fiscal year’s period of SFMNP operation.

☒ Yes ☐ No

7. May a participant designate another person as an authorized representative/proxy to do the following if the participant is unable to (check all that apply):

☐ apply for certification?

A senior must be identified as a person. Powers of attorney can be presented for a proxy certification is the senior is not present at certification

☒ shop at farmers’ markets and/or roadside stands?

n/a pick up eligible foods from CSA/bulk purchase program distribution sites?

8. a. Does the State agency limit the number of proxies that one individual can have

(e.g., one participant designates three different proxies)? ☐ Yes x No If yes, how many? _____

b. Does the State agency limit how many participants may use the same proxy? (e.g., one person is the proxy for 5 participants)?

☐ Yes x No If yes, how many? _____

9. If the State agency permits authorized representatives/proxies, are signed statements from the participant required for this purpose per Section 249.6(f) of the SFMNP regulations?

x Yes ☐ No

10. Attach a copy of the State agency's written procedures regarding the designation of authorized representatives/proxies for the SFMNP.

a. See attachment 1

11. Certification for SFMNP is performed at no cost to the applicant or authorized representative.

x Yes ☐ No

12. Attach a copy of the FY 2015 Certification or Application form that will be used for the SFMNP.

a. See Attachment S

C. Categorical and Residency Eligibility

1. Will only individuals who meet the basic regulatory definition of “**senior**” (i.e., **60 or older**) in an SFMNP service delivery area be provided SFMNP benefits, or will the State agency (per §249.6(a)(1)) also serve special categories of participants?

(Excluding Expansion)

(Including Expansion)

Seniors \geq 60 years of age

Special categories/groups: (check all that apply):

Higher minimum age
(e.g., 62, 65 – specify in
space provided) _____

☐☐

Native Americans
(≥ 55 years old)

☐☐

Disabled*

☐☐

(*residing in predominantly-elderly housing where congregate nutrition services are provided)

Lower income level

☐☐

(Specify in space provided) _____

Other (specify)

☐☐

2. For the residency requirement, the State agency uses:

X State/ITO residency

_____ Local agency service area residency

D. Income Eligibility (§249.6(a)(3))

1. For income eligibility, the State agency uses (check all that apply):

x maximum gross household income of 185% of annual poverty income guidelines

_____ maximum gross household income of _____% (less than 185%) of annual poverty income guidelines

x participation in Commodity Supplemental Food Program (CSFP)

x participation in Special Nutrition Assistance Program (SNAP)*
(* as long as SNAP income eligibility does not exceed 185% of poverty)

x participation in Food Distribution Programs on Indian Reservations (FDPIR)
(* as long as FDPIR income eligibility does not exceed 185% of poverty)

x participation in Supplemental Security Income (SSI)

x member of a family/economic unit participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), or on a waiting list for WIC

Many families are multi-generational especially in rural areas. The total # of families is unknown.)

x member of a family/economic unit participating in FMNP

x participation in another means-tested program for which income eligibility is set at or below 185% of the poverty income guidelines:

2. For the normal income eligibility screening process and determination of household size, the household is defined by the State agency as a group of related or nonrelated individuals who are living together as one economic unit.

Yes x No ☐

3. For documentation of income eligibility per §249.6(3), the State agency accepts (check all that apply):

x signed statement of applicant (if so, attach copy in Appendices section)

See attachment S

x notice of eligibility or its equivalent for participation in or certification for other programs

Income guidelines of 185% are required for other programs.

x pay stub or other statement of earnings

x W-2, tax return, or other tax forms

☐ other: _____ (Please describe)

4. The State agency requires _____ State-wide, or _____ at local agency option (check one), the verification of applicant income information.

x No

☐ Yes (check all sources required, as appropriate):

- ☐ employer
- ☐ public assistance offices
- ☐ State employment offices (wage match, unemployment)
- ☐ Social Security Administration
- ☐ school districts/offices
- ☐ collateral contacts
- ☐ other (specify) _____

E. Participant Rights and Responsibilities

1. If found ineligible, applicants for SFMNP must be notified in writing of the reason(s) for ineligibility and their right to a fair hearing.

x Yes ☐ No (Attach the standardized format for this, if any.)

See attachment T

2. Each participant or authorized representative is informed during the certification process of his/her rights and responsibilities as set forth in §249.6(d)(1)(2) of the Federal SFMNP regulations, and this information is provided in a language other than English where a significant number or proportion of the eligible population needs this information in a language other than English.

x Yes ☐ No

F. Participant and Applicant Confidentiality

1. Does the State agency share information obtained from applicants for and/or participants in the SFMNP with any other programs, agencies, law enforcement officials, or any other organizations or persons?

☐ Yes x No

(If “Yes,” explain below or attach documentation such as information-sharing agreements, statements of policies and procedures, legal citations, etc.)

2. Per §249.24 of the SFMNP regulations, the State agency restricts the use or disclosure of information obtained from applicants/participants to:
- a. Persons directly connected with the administration or enforcement of SFMNP, including investigation and prosecution of SFMNP violations by any public authority;
- x Yes ☐ No
- b. Representatives of public organizations under written agreements for eligibility/outreach purposes regarding other programs, without third party access or disclosure;
- x Yes ☐ No
- c. The Comptroller General of the United States, General Accounting Office (GAO).
- x Yes ☐ No

3. Does the State agency permit an applicant and/or participant access to the information, which the applicant and/or participant have provided to the program?

x Yes ☐ No

4. Does the State agency permit an applicant or participant, upon his/her unsolicited request, to sign a release or similar document allowing the information provided by the applicant and/or participant to be shared with other organizations or persons?

x Yes ☐ No

5. Does the State agency prohibit local agencies from requiring the applicant or participant to sign a written consent or release form or similar document to share confidential information with another entity or organization during the SFMNP eligibility determination process, e.g., by completing and separating the certification screening process from the request for a release to be signed?

x Yes ☐ No (if signing a release is a condition of eligibility, please explain)

G. Dual Participation

The State agency has policies and procedures in place to prevent and detect dual participation (in more than one service delivery area at the same time) by SFMNP participants.

x Yes (please describe)

Agencies in populated areas such as Anchorage and Fairbanks and the Kenai Peninsula share participant registers to prevent dual participation. Some agencies with some of the same clients do distribution on different days so registers can be compared ahead of time for the second agency. Notices have been created notifying clients that only one set of coupons is allowed per senior. This notice has been translated into Korean for several agencies.

☐ No (if no, please explain why not) _____

H. Nondiscrimination

State agencies are required to comply with all applicable and pertinent laws and regulations regarding the assurance of nondiscrimination on the basis of race, color, national origin, age, sex, or disability (§249.7). Describe the State agency's system or procedures for:

1. Racial/ethnic participation data collection;

- a. If the State agency is relying on racial/ethnic data that has already been collected through participation in another program by which s/he is deemed automatically income eligible to participate in the SFMNP (e.g., SNAP, CSFP, SSI, etc.), identify the program as well as the agency that administers that program, if different from the SFMNP State agency:

Information is captured by the application and the coupon register signed at the time the coupons are distributed to individual seniors.

- b. If the State agency will be collecting the racial/ethnic data from SFMNP participants, a copy of the form used to collect and record such data should be attached.

- i. See above paragraph

- c. Describe the State agency's procedure(s) for providing the racial/ethnic data collected on all SFMNP participants in the event that such data is requested by FNS.

- i. Information is captured by the application and the coupon register signed at the time the coupons are distributed to individual seniors. The registers are sent to the State Coordinator who could tabulate a state total.

2. Public notification of the Department's nondiscrimination policy;

- a. The standard nondiscrimination policy is printed on the bottom of the application and other created handouts.

3. Annual reviews of local agencies/clinics to assure nondiscrimination against any of the protected classes listed above.

- a. Local agencies that participate in adjunct programs are reviewed annually for compliance to the nondiscrimination policy. Agencies that do not participate in adjunct programs will be reviewed according to SFMNP regulations for compliance to nondiscrimination policies.

4. Per Section 249.7 of the SFMNP regulations, the State agency ensures that no person will be denied benefits, or otherwise discriminated against on the grounds of race, color, national origin, age, sex, or disability.

x Yes ☐ No

5. Per §249.7 of the SFMNP regulations, the State agency (check all that apply):

- x notifies the public, participants, and potential participants of the nondiscrimination policy.
- x notifies participants and potential participants of complaint procedures regarding alleged unlawful discrimination (See Section VIII below regarding the complaint process.)
- x reviews and monitors program activities to ensure compliance with nondiscrimination policies and procedures.

DRAFT

V. Coupon, Market, Roadside Stand, Bulk Purchase, and CSA Program Management
(§249.10)

A. Issuing SFMNP coupons to participants: §249.4(11)(i)

1. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons/checks, check stock or EBT cards. Include the method used to transport coupons/checks from the contractor who produces them to the State agency, and from the State agency to the local agencies. Include a description of how unissued SFMNP coupons/checks /EBT cards are stored, or how secure handling of check stock and electronic check numbers are ensured, at the State agency, local agency, and/or local issuing sites. Also include any type of reporting form used to gather data.
 - a. The Division of Public Assistance print shop in Anchorage prints the coupons. Coupons are mailed to the state agency administrative assistant in Juneau. Coupons are then mailed out to the distributing agencies. All mailing is certified with return receipts and signatures required. The partner agency verifies the receipt of the coupons and coupon numbers with the State agency. Partner agencies record the assigned coupon numbers as the coupons are distributed to participants. Partner agencies are required to keep the coupons in a secured area.



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Family Nutrition Programs
Anchorage

3601 C Street, Suite 140
PO Box 240249
Anchorage, Alaska 99524-0249
Main: 907.269.8446
Fax: 907.269.1032

May 23, 2014

Dear Kenai Senior Center,

The 2014 Senior Farmers' Market Nutrition Program has arrived. The program will begin on June 1, 2014 and end September 30, 2014. All coupons must be used by October 31, 2014.

Included in this package are: *Senior Farmer's Market Nutrition Program Affidavit*, *How To Use SFMNP Coupons*, *SFMNP Alaska-Grown Eligible Foods (1 per coupon book)*; *SFMNP Proxy Form*, *SFMNP Participation Status Letter (1 for every 2 coupon books)*; *Participant and Coupon Register (1 for every approximately 20 coupon books)*; Eligibility for Certifying Seniors for SFMNP, Income Guidelines, and the Certification Statement from the coupon register in large print. A poster discussing the second coupon issue process is also included. Also included is a nutrition education handout on produce from the farmer's markets.

The Senior Farmers' Market Nutrition Program (SFMNP) coupons are included to distribute to eligible seniors. PLEASE: FAX or MAIL this sheet to Elaine Nisonger (Fax: 907-269-1032) as confirmation that you have received the coupons. You are receiving 31 coupon sheets with 155 coupons numbered 7951-8105. The total value is \$775. Please keep the coupons in a locked place as anyone can cash them. My goal would be to have enough coupons to distribute to all eligible seniors but we have had our grant reduced again this year.

The coupons can be issued until September 30 and redeemed until October 31. Each coupon will be worth \$5. The coupons this year will come 5 coupons to a sheet; one coupon sheet per participant - a total benefit of \$25 to each eligible senior. Please keep these coupons under lock and key as they can be used by anyone.

Thank you for your help with the 2014 Senior Farmers' Market Nutrition Program. Your participation in this program provides invaluable nutrition services both to Alaska Seniors and local farmers. Visit www.familynutrition.alaska.gov OR www.fns.usda.gov/wic/seniorfnp/SFMNPmenu.htm for more information. Please call me if you have any questions.

Sincerely,

Elaine Nisonger, RD, LD

SFMNP Coordinator
Alaska DHSS Family Nutrition Programs
P.O. Box 240249, Suite 140
Anchorage, AK 99524-0249
Phone: 907.269.8446
elaine.nisonger@alaska.gov

FAX or RETURN MAIL TO Elaine Nisonger at (907-269-1032)

I have received COUPONS No. 7951 through 8105

Total SFMNP coupon sheets 31

I verify this is correct Kathleen Romain Date 6.17.14

Senior Agency Representative

2. Describe the coupon/check/EBT card issuance system for participants. Include any reporting form used to gather data. This description should include automated as well as manual processes used for issuance of coupons/checks/EBT cards to SFMNP participants.
 - a. Local distributing agency staff, based on information provided by applicants for the program, will determine the eligibility of recipients including age and income. Many of these distributing agencies administer other age and income specific programs such as the Commodity Foods Program and various Food Coalition and Food Bank programs, so they have age and income verification for many applicants to the Senior Farmers' Market Nutrition Program. Each applicant will be asked to sign an application form to self-verify the accuracy of the information provided. Each recipient, to document the coupon numbers received, race and ethnicity, etc., will sign a coupon register.

See attachment I

3. If the State agency intends to use a bulk purchase option, describe (1) how the State agency will identify the farmers from whom the eligible fruits and vegetables will be purchased, (2) the entity/ies (if different from the State agency) that will negotiate and contract for the purchase of the produce, (3) how the State agency will ensure that the value of the food provided to each participant falls within the regulatory minimum and maximum levels, (4) how the State agency will ensure that all SFMNP participants receive an amount of food that offers an equitable benefit, and (5) how the State or local agency will distribute the fruits and vegetables to program participants.

n/a

4. For CSA programs, describe the system for ensuring that each SFMNP shareholder receives an equitable amount of eligible foods at each delivery, and that the total value of the eligible foods provided under the SFMNP falls within the minimum and maximum Federal SFMNP benefit levels. Also, describe the method for obtaining the participant's signature on a receipt form or log, attesting to the distribution of eligible food to the recipient on a particular date (please attach a copy of this receipt form or log).

n/a

5. Describe the State agency's system for instructing participants on the proper use of SFMNP coupons/checks. If this function is performed by the local agency on behalf of the SFMNP State agency, indicate who issues the coupons/checks; what materials are provided during issuance; and who explains the use of the coupons/checks and redemption procedures to the participant. For bulk purchase CSA programs, describe how participants will be instructed on the procedures for delivery and

distribution of eligible foods through the bulk purchase/CSA programs to the participants.

- a. The partner agencies perform this function on behalf of the State Agency. These agencies verify eligibility of participants, issue coupons, and record coupon verification numbers. The State Agency provides materials to the distributing agencies for distribution to participants. Employees of the distributing agency provide instructions how to use SFMNP coupons, farmer market hours and locations, and nutrition education to participants.
6. Describe the State agency's system for instructing participants on the proper use of SFMNP EBT cards. If this function, performed by the local agency on behalf of the SFMNP State agency, indicates who issues the cards; what materials are provided during issuance; and who explains the use of the cards and redemption procedures to the participant.

n/a

7. Attach a copy of the log or other form used to record coupon/check/EBT card to valid certified participants.
 - a. See attachment I

B. Authorization of farmers and/or farmers' markets, Community Supported Agriculture (CSA) programs, and roadside stands.

The State agency is responsible for the fiscal management of, and accountability for, SFMNP-related activities by farmers and/or farmers' markets, CSA programs, and roadside stands. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, as well as roadside stands and CSA programs. Only farmers and/or farmers' markets and roadside stands authorized by the State agency, as set forth in §249.10 in the Federal SFMNP regulations, may redeem SFMNP coupons/checks/EBT cards; only CSA programs authorized by the State agency may distribute eligible foods to participants.

1. Describe the general authorization procedures for farmers and/or farmers' markets, roadside stands, bulk purchase and CSA programs.
 - a. Alaska FMNP group will authorize farmers' markets and farmers, as well as roadside stands for SFMNP & FMNP under the same application and agreement. Farmers' markets/farm stands/farmers must renew applications and agreements biannually.
 - b. Authorization and training for new farmers' market

managers/farmstands/farmers will be either online or face-to-face training from the FMNP State Coordinator(s) or local WIC agency staff that have been trained in the SFMNP or FMNP. In addition, farmers' market managers (that are authorized and have previously received training) will provide SFMNP information and assist with training to farmers requesting authorization to participate in the program as needed.

- c. The training will include education on the purpose of the program (improved nutrition, increased use of farmers' markets) and a review of the Farmers' Market/ farmstands/ farmers agreement. Monitoring procedures for the market and for individual participating farmers are included. Redemption process for the coupons and a brief overview of the orientation provided to SFMNP participants, and a review of the rules for participating farmers are also provided.
 - d. The state agency sends out the SFMNP/FMNP/FVV (CVV for Alaska) sign with the farmers' authorization letter that identifies the farmer as authorized to accept SFMNP/FMNP, and FVV coupons. The SA also issues authorized farmers a four digit number stamp when they are first authorized.
- 2. List or attach the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of products; 4) authorized to redeem FMNP coupons; 5) community support from non-SFMNP sales; 6) produce offered for sale is locally grown; or 7) accessibility to senior service areas.
 - a. See FMNP 2015 State Plan
- 3. List or attach the criteria used to authorize farmers. Examples of authorization criteria include: 1) grows a minimum percentage of the produce to be sold (please specify); 2) owns land within the State/ITO where produce is grown; 3) certified by the State Agriculture Department, ITO, Cooperative Extension Agent or by a Farmers' Market Association within the State/ITO; 4) authorized to redeem FMNP coupons; 5) produce offers locally grown produce; or 6) accessible to senior service areas.
 - a. See FMNP 2015 State Plan
- 4. List or attach the criteria used to authorize roadside stands.
 - a. See FMNP 2015 State Plan
- 5. List or attach the criteria used to authorize CSA programs.
 - a. See FMNP 2015 State Plan

6. List or attach the criteria used to select farmers for bulk purchase programs.

n/a

7. Per §249.2 how does the State agency define “eligible foods”? List or attach a list of the fruits, vegetables, honey and/or fresh herbs that can be purchased using SFMNP benefits. (NOTE: For the purposes of the SFMNP, eligible foods mean fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs).

Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Maple syrup, cider, nuts, seeds, dried plums (prunes), dried chilies or tomatoes, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of the SFMNP. State agencies may also describe eligible foods as “all fruits, vegetables, honey and herbs locally grown except...”

- a. We will follow the definition provided in 7 CFR 249.8:

“Eligible foods” means fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs for human consumption. Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of foods not eligible for purposes of the SFMNP. State agencies shall consider locally grown to mean produce grown only within State borders but may also define it to include areas in neighboring States adjacent to its borders. Under no circumstances can produce grown outside of the United States and its territories be considered eligible foods.”

- b. The State of Alaska does not allow honey to avoid confusion with WIC FMNP requirements.

- i. See attachment G

8. Per §249.2, eligible foods are limited to produce grown within State/ITO borders or areas in neighboring States/ITO’s adjacent to its borders. How does the State agency define “locally grown produce” in order to designate SFMNP eligible foods?

X Within the State/ITO borders only

☐ Within the State/ITO borders and adjacent counties (e.g., one county into the next State)

☐ Within the county lines

☐ Other (specify) _____

There are no adjacent states to Alaska.

9. Per §249.10 (a)(2), to what extent does the State agency permit or prohibit the

participation of individuals who are selling produce grown by someone else, in addition to their own produce? Individuals, who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in the SFMNP.

a. See FMNP 2015 State Plan

10. Per §249.10 (a)(10), describe how the State agency will ensure that there is no conflict of interest between the State or local agency and any participating farmer, farmers' market, roadside stand, or CSA program.

a. State employees complete an ethics disclosure to report any outside employment that could create a conflict of interest.

11. Indicate the number of farmers' markets, farmers, and/or roadside stands, and/or CSA/bulk purchase programs that are expected to be authorized in FY 2015:

9 farmers
75 farmers' markets
25 roadside stands
0 bulk purchase programs
0 CSA programs

12. Does the State agency require that the Market Manager be bonded?

x Yes ☐ No

13. Are tokens used at authorized farmers' markets? Yes ☐ No ☐ If Yes, please describe how they are used in the market.

i. See FMNP 2015 State Plan

14. Are all participants provided with a receipt? Yes ☐ No ☐ If No, please describe the procedure in more detail.

a. See FMNP 2015 State Plan

C. Farmers, Farmers' Market, Roadside Stand, and/or CSA/Bulk Purchase Agreements

NOTE: Some State agencies administer the SFMNP by executing agreements with farmers' market associations that are responsible for managing farmers' markets. In such instances, the provisions and requirements outlined in this section related to farmers' markets must also be applied to such State agency/farmers' market association agreements.

Each State agency shall enter into a written agreement with all participating farmers and/or farmers' markets, roadside stands and/or CSA/bulk purchase programs including sanctions for non-compliance with SFMNP requirements. **Include the SFMNP State agency—Farmers'/Farmers' Market /Roadside Stand/CSA/Bulk Purchase Agreement in the Appendix.** This agreement as described in §249.10 must contain at a minimum the following specifications.

1. The farmer and/or farmers' market and roadside stand shall: (§249.10 (b)(1)(i-xii))
 - i. provide such information as the State agency shall require for its periodic reports to FNS;
 - ii. assure that SFMNP coupons/checks/EBT benefits are redeemed only for eligible foods;
 - iii. provide eligible foods at the current price or less than the current price charged to other customers;
 - iv. accept SFMNP coupons/checks within the dates of their validity and submit coupons/checks for payment within the allowable time period established by the State agency;
 - v. in accordance with a procedure established by the State agency, mark each transacted coupon/check with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted SFMNP coupon/check shall contain a farmer identifier and shall be batched for reimbursement under that identifier. In those cases where the agreement is between the State agency/ITO and the farmers' markets, each transacted SFMNP coupon/check shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;
 - vi. accept training on SFMNP procedures and provide training to farmers and any employees with SFMNP responsibilities on such procedures;
 - vii. agree to be monitored for compliance with SFMNP requirements – including both overt and covert monitoring;
be accountable for actions of farmers or employees in the provision of foods and related activities;
 - viii. pay the State agency for any coupons/checks/EBT benefit transacted in violation of this agreement;
 - ix. offer SFMNP recipients the same courtesies as other market customers;
 - x. comply with the nondiscrimination provisions of USDA regulations; notify the State agency if any farmer or farmers' market, roadside stand or CSA ceases operation prior to the end of the authorization period.
 - xi. provide the State agency with a regularly updated list of all farmers at the authorized market who accept SFMNP coupons/checks/EBT cards in exchange for their produce, and their effective dates of participation.

2. The farmer and/or farmer's market and roadside stand shall not: (§249.10 (b)(2)(i-iii))

- i. collect sales tax on SFMNP coupon/check/EBT card purchases;
- ii. seek restitution from SFMNP recipients for coupons/checks/EBT benefits not paid by the State agency; and
- iii. provide unauthorized food items, nonfood items, cash, or credit (including rain checks) in exchange for purchases that are in an amount less than the value of the SFMNP coupon/check(s).
- iv. Neither the State agency nor the farmer and/or farmers' market, roadside stand or CSA have an obligation to renew the agreement. Either the State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.
- v. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed SFMNP coupons/checks/EBT cards or may establish a claim for payments already made on improperly redeemed coupons/checks/EBT cards. The State agency may disqualify a market and/or a farmer or roadside stand for program abuse with a minimum of 15 days' advance written notification.
- vi. The State agency may disqualify a farmer and/or farmers' market, roadside stand or CSA for SFMNP abuse.
- vii. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.
- viii. A farmer and/or a farmer's market, roadside stand or CSA may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the SFMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market. Expiration of a contract or agreement shall not be subject to appeal through the SFMNP State agency.

3. Agreements may not exceed 3 years.

- a. The farmers and/or farmers' market, roadside stand and CSA agreements are valid for 2 years
4. Agreements with farmers' markets that do not authorize individual farmers: Those State agencies that authorize farmers' markets but not individual farmers shall require authorized farmers' markets to enter into a written agreement with each farmer within the market that is participating in SFMNP. The State agency must set forth the required terms for the agreement and provide a sample agreement that may be used. Please attach a copy of this agreement, if any.
5. Describe or attach other cooperative arrangements that may have been negotiated, such as with Cooperative Extension Service programs, or with a State Agriculture Department or ITO, to authorize farmers/farmers' markets or roadside stands.

See FMNP 2015 State Plan

- D. Annual training for farmers, farmers' market managers and/or farmers who operate a roadside stand or CSA program.

State agencies shall conduct annual training for farmers, farmers' market managers, and/or farmers who operate a CSA program in the SFMNP. The State agency must conduct a face-to-face training for all farmers and farmers' market managers who have never previously participated in the SFMNP per §249.10(d) Face-to-face training refers to an interactive format that includes an opportunity for questions and answers, which may include video conferencing as well as actual face-to-face training sessions.

After a farmer's/farmers' market manager's first year of SFMNP operation, State agencies have discretion in determining the method used for annual training purposes. At a minimum, annual training shall include instruction emphasizing:

- Eligible food choices;
- Proper SFMNP coupon/check/EBT card redemption procedures, including deadlines for submission of coupons/checks for payment, and/or receipt of payment for CSA programs' distribution of eligible foods;
- Equitable treatment of SFMNP participants, including the availability of eligible foods to SFMNP participants that are of the same quality and cost as those sold to other customers;
- Civil rights compliance and guidelines;
- Guidelines for storing SFMNP coupons/checks/EBT cards safely; and
- Guidelines for canceling SFMNP coupons/checks/EBT cards, such as punching holes, rubber-stamping, or demagnetizing.

Describe the procedures the State agency has in place or plans to implement for the annual training required for authorized farmers and/or farmers' market managers. This

description should also include the subsequent training methods made available to managers and farmers after the first year's face-to face training.

- a. See FMNP 2015 State Plan

E. Coupon/Check/EBT Benefit Accountability

The coupon/check reconciliation process as contained in §249.15 is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon/check/EBT benefit, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons/checks, as well as lost, stolen, voided, or expired, SFMNP coupons/checks/EBT transactions that do not match issuance records. The process for reconciling lost and/or stolen coupons/checks/EBT cards must ensure that farmers accepting such items in good faith, and through approved procedures, are not unfairly penalized.

1. Describe the State agency's system for identifying and reconciling SFMNP coupons/checks or EBT transactions that were redeemed, voided, expired, or reported lost or stolen. Validly redeemed SFMNP coupons/checks or EBT transactions are those that are issued to a valid SFMNP participant and redeemed by an authorized farmer, farmers' market, or roadside stand within valid dates. They must, at a minimum:

- have a valid participant identifier from the signature on the issuance log,
- have a unique and sequential serial number;
- be transacted within valid dates;
- be redeemed by an authorized farmers' market, an authorized farmer
- operating under the auspices of the authorized market, or operating a
- roadside stand.

All of the above are required by the State SFMNP and FMNP and local agency staff.

Describe the State agency's system for ensuring that coupons/checks/EBT benefits are redeemed only by authorized farmers (including those operating roadside stands), and farmers' markets for eligible foods.

a. Coupon Redemption System

- i. Coupon serial numbers, name of participant to whom coupons were issued, and issue date will be logged by the issuing distributing centers. Senior recipients will present coupons for redemption at authorized farmers' markets and farm stands. For homebound seniors, proxies will present the coupons at the authorized farmers' markets and farm stands. No change will be given for coupons, and no tax will be charged. The farmer will enter his or her unique identification stamp assigned by the farmers' market association on the coupon.

Redemption information; i.e., coupon number, redemption date, amount, farmer's ID and market ID will be entered on the coupons and the form for requesting reimbursement from the reimbursing grantees.

- ii. Family Nutrition Programs, distributing agencies, and the sub grantees will maintain a list of authorized farmers and farm stands. Redeemed coupons and payment requests will be sent to the sub grantees from authorized farmers' markets and farm stand operators for payment with a Coupon Reimbursement Request form. If all required data is present, the coupon is authorized for payment. If not all required data is present, the coupon is rejected. Sub grantees will review the information and authorize the amount to be paid to the farmer's market or the individual farmer, for farm stands. Exception reports will include unmatched redemptions.
 - iii. Participating farmers and program recipients will be instructed that: (1) coupons can only be redeemed at authorized farmer's markets and farm stands, (2) no cash or change can be issued for purchases that are under four dollars, and (3) no state or local taxes can be collected on purchases of food with coupons. The distributing agencies will provide directions for recipients showing the location of the farmers' markets and farm stands in their area, along with days and hours of operation.
 - iv. Lost or stolen coupons will not be replaced for the senior.
2. Describe the State agency's system for identifying and disallowing coupons/checks or EBT transactions that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands.
 - a. The FMNP coordinator will maintain a list of authorized farmers and corresponding produce of the farmer. FMNP staff on-site monitoring will observe available produce for sale by farmers. The state agency will conduct compliance investigation to ensure that coupons are redeemed for eligible foods. Unique identifying stamps are given to authorized farmers for both programs. This number is used for reimbursement of SFMNP coupons.
3. Check/Coupon/EBT Benefit Timeframes

- Issuance to participants *June 1 to September 30* (no later than September 30)
- Redemption by participants: *June 1 through October 31* (no later than November 30)
- Submission for payment by farmers/farmers' markets: *July 1 through November 30*
- Payment by the State agency: *Reimbursement grantees must pay*

all farmers by December 30 when final reports are due to the state coordinator.

All of the functions described above must be completed within a timeframe that allows the State agency to reconcile coupons/checks, liquidate all obligations, and submit its financial and program data reports (i.e., the FNS-683A) to FNS **no later than January 31st of each year.**

Provide a copy of the coupon/check/EBT card to be used in the SFMNP in the Appendices section.

See attachment J

VI. Management Evaluations and Reviews

Indicate in the chart below the total number of local agencies serving SFMNP recipients, the number of each type of farmers' markets, farmers, roadside stands, and/or CSAs authorized for this year, and the number of reviews of each type in the chart below.

- A. The State agency must ensure that all SFMNP local agencies are reviewed at least once every two years. (§249.17(c)(1)(i)) requires a minimum of 10% or at least one of each type of authorized outlet (farmer, farmers' market, roadside stand, CSA) (whichever is greater) must be monitored each year. For example, if there are five authorized farmers' markets in a participating State agency and 40 authorized farmers, the State agency must review a minimum of one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

New Fiscal Year: 2015

32	Total # of Local Agencies
16	# of local agencies to be reviewed (all participating agencies reviewed by State agency staff at least once every two years)
9	Total # of Farmers Markets Authorized
1	# of markets to be reviewed (minimum of 10%)
75	Total # of Farmers authorized
8	# of farmers to be reviewed (minimum of 10%)
25	Total # of Roadside Stands authorized
3	# of Roadside Stands to be reviewed (minimum of 10%)
0	Total # of CSAs authorized
0	# of CSAs to be reviewed (minimum of 10%)

Previous Fiscal Year: 2014

32	Total # Local Agencies
----	------------------------

18	# of local agencies reviewed
9	Total # Farmers Markets Authorized
5	# of markets reviewed
75	Total # Farmers authorized
10	# of farmers reviewed
25	Total # Roadside stands authorized
2	# of Roadside Stands to be reviewed (minimum of 10%)
0	Total # of CSAs authorized
0	# of CSAs reviewed

B. Describe the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:

1. Proportionately high volume of coupons/checks redeemed or EBT transactions within a farmers' market and within a State/ITO;
2. Participant complaints;
3. New farmers, farmers' markets, and CSA programs in their first year of operation; and
4. In the case of CSA programs, a history of or ongoing inability to provide the full SFMNP benefit to each shareholder as contracted.

a) See FMNP 2015 State Plan

C. Sanctions

Describe the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, roadside stands, and CSA programs that violate Federal and/or State agency SFMNP requirements based upon the severity and nature of the SFMNP violations.

a. See FMNP 2015 State Plan

D. Describe the State agency's plans for reviewing SFMNP practices at local agencies in FY 2015 (§249.17(c)(1)(ii)). All local agencies participating in the SFMNP must be reviewed at least once every two years, Attach a copy of the State agency's monitoring review instrument that will be used to review SFMNP local agencies. Briefly summarize findings and corrective action taken from any reviews conducted in FY **2014**:

Findings	Corrective Action	Agencies
Wrong birth date	Fixed on site	3
Missing proxy form	Sent after review	2
Collection of ID	Not needed	1
Register not filled out	Procedure for next year	1

Underage participation	Procedure for next year	4
Missing proxy signatures on register	Procedure for next year	1
Missing affidavits/wrong form	Send completed affidavits	1

- E. Attach a copy of the State agency's review instrument that will be used to review farmers, farmers' markets, roadside stands, and CSAs.

a. See FMNP 2015 State Plan

- F. Attach a list of all reviews and findings of farmers, markets, roadside stands and CSA programs from the previous year.

a. See FMNP 2015 State Plan

VII. Nutrition Education Requirements

- A. Describe in detail, per §249.9, the State agency's plan to provide nutrition education to SFMNP participants. If the administering State agency for the SFMNP has entered into an agreement with another agency to provide nutrition education, attach a copy of that other agency's nutrition education plans for SFMNP participants.
- a. Nutrition education is provided to Senior Farmers' Market Nutrition Program recipients by the staff at the participating local agencies, made available by the state staff Dietitian I, a Registered Dietitian. Nutrition education provided to SFMNP recipients will focus on the selection, preparation, and nutritional value of fresh fruits and vegetables. Printed education materials are provided to recipients with information on the seasonal availability of local produce, its nutritional value, and suggestions for preparation.
 - b. Farmers will be encouraged to provide information voluntarily to Farmers' Market Nutrition Program recipients on the produce that they grow and sell.
- B. List or attach the location or settings where nutrition education for SFMNP is provided (e.g., local agencies, farmers' markets, community centers, facilities for the aging, or schools).
- a. Nutrition education is provided by the distributing agencies at the time of coupon distribution. It is also available at some of the farmer's markets and other nutrition programs at the distributing agency.
- C. Does the State agency coordinate with other agencies around issues related to nutrition

education and promotion?

☐ No

x Yes (If yes, check the applicable partnerships below):

- x Supplemental Nutrition Assistance Program (SNAP)
 - ☐ Team Nutrition
 - ☐ Area Agencies on Aging
- x Commodity Supplemental Food Program (CSFP)
- x Children and Adult Care Food Program (CACFP)
 - ☐ Temporary Assistance for Needy Families Program (TANF)
 - ☐ Food Distribution Program on Indian Reservations (FDPIR)
 - ☐ Other FNS programs (specify): TEFAP
- x Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative Extension Service
 - ☐ Other USDA programs (AMS, FSA, etc.)
 - ☐ Other government programs (e.g. 5 A Day, etc.)
- x Non-profit organizations (specify): Alaska Food Coalition, Alaska Food Policy Council
 - ☐ For-profit organizations (specify): _____
 - ☐ Industry (specify): _____
 - ☐ Professional organizations (specify): _____
 - ☐ Educational Institutions (specify): _____
 - ☐ Religious Institutions (specify): _____
 - ☐ Other (specify): _____

D. Describe how nutrition education for SFMNP is coordinated with other nutrition education programs or services, such as SNAP, Extension Service, 5 A Day, or State/ITO initiatives.

- a. The state coordinator works with the Department of Agriculture, Cooperative Extension Service and local distributing agency staff to coordinate identification, development, and promotion of farmer's market nutritional educational materials to be used by local distributing agencies to promote the use of freshly harvested vegetables, fruits and herbs

E. Describe the nutrition education materials that have been developed and describe how they are used. In addition, describe any new materials being developed.

- a. The SFMNP nutrition education materials that were developed consisted of recipes, preparation and storage of vegetables, and harvest season of vegetables. There are no plans for developing new materials
- b. One page handouts are researched on reputable internet sites by the registered dietitian coordinator to attach to program materials for participating seniors.

- F. Does the State agency plan to develop new participant educational materials containing the current Dietary Guidelines for Americans messages? Yes ☐ No ☒

If yes, please describe the elements below.

Type of material	Target audience	Project completion date
_____	_____	_____
_____	_____	_____
_____	_____	_____

- G. If the State agency intends to collect survey information to assess the effects of the program on farmers' markets and the change in consumption of fresh fruits and vegetables by SFMNP participants, **attach copies of survey forms.**

VIII. Miscellaneous Requirements - Civil Rights Procedures; Hearing Procedures and Program Complaints; State Agency Drug-Free Workplace Certification and Procedures; Local Agency Debarment/Suspension Certification and Procedures; and, Local Agency Lobbying Certification and Procedures

A. Civil Rights

1. Describe per §249.7(b) the State agency's procedures for handling complaints of discrimination on the basis of race, color, national origin, age, sex or disability, including timeframes for submitting such complaints and for investigating them and responding to plaintiffs. The State agency's procedures for handling complaints of discrimination in the SFMNP should be consistent with established and approved procedures for handling such complaints related to other assistance programs administered by the State agency. For example, if one State agency administers both CSFP and the SFMNP, and CSFP-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then SFMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the SFMNP if one already exists in a related program administered by the State agency.

a. Alaska Family Nutrition Programs has approved procedures for the above.

2. Does the State agency per §249.7(a)(1) use the statement below on all SFMNP brochures and publications, excluding materials which provide only nutrition education information without mentioning SFMNP, and such items as caps, buttons, magnets and pens, when the size or configuration make it impractical?

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Yes x No ☐

3. Does the State agency use the statement below, in print size no smaller than the text, in material too small to permit the full statement?

“This institution is an equal opportunity provider.”

Yes x No ☐

4. Does the State agency use the following statement in radio and television public service announcements:

“The SFMNP is an equal opportunity provider”

Yes ☐ No ☐ n/a

B. Hearing Procedures and Program Complaints

- A. The State agency must provide a fair hearing procedure whereby local agencies, participants, and farmers/farmers’ markets/roadside stands/CSA programs adversely affected by certain actions of the State agency may appeal those actions. A local agency may appeal an action of the State agency disqualifying it from participating in the SFMNP. A participant may appeal disqualification to receive SFMNP benefits. A farmer/farmer's market or farmers’ association may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the SFMNP. Expiration of a contract or agreement shall not be subject to appeal through the SFMNP State agency. The State agency must also provide procedures for addressing complaints about program operations.

- a. Describe the State agency’s procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, participants and markets/farmers/roadside stands/CSA programs. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers’ markets/roadside stands/CSA programs and participants against whom such adverse action is taken.

1. Each program applicant, participant, or partner will be informed in writing of his/her right to a fair hearing and of the illegality of dual participation at initial coupon distribution . This will be part of the State approved application form, which the applicant will sign. It will include the following:

- a. Individuals will be notified of their eligibility, ineligibility, or placement on a waiting list for the program within 10 days of the application date. The participant will be notified in writing a minimum of 15 days prior to termination of program benefits. They will also be informed of their rights to a fair hearing at that time.
- b. Local agencies, at the time of application or when notifying a person found ineligible of their right to a fair hearing, will advise the individual of the method of requesting a hearing

and their right to be represented at the hearing by a friend, legal advisor, or other representative of their choice, and give them a summary of the hearing process.

- c. Local agencies will advise those found ineligible that they have up to 60 days from notification of ineligibility to request a fair hearing. The request for a hearing is defined as a clear expression by the individual, guardian, or other representative that an opportunity to present its case to a higher authority is desired.
 - d. If a hearing is requested within the 15 day time period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached or the certification period expires, whichever occurs first. Applicants, who are denied benefits at initial or subsequent certifications, shall not receive benefits while waiting for the hearing.
 - b. Describe the State agency's procedures for handling program complaints from participants, non-participants, markets, farmers, roadside stands, and CSA programs.
 - i. Complaints received from recipients and non-recipients concerning the SFMNP are handled by the local distributing center. Participants will receive instructions on what is abuse of the SFMNP during orientation to the program. Complaints received are reviewed and appropriate follow up provided. The complaints and follow up action are documented in the participant record and reported to the state SFMNP coordinator. Complaints received by the local agency regarding farmers markets or farmers are sent to the FMNP manager and the state SFMNP coordinator., the state director, or USDA directly.
- B. Drug-Free Workplace - Describe the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021.
 - a. See FMNP 2015 State Plan
- C. Local Agency Debarment/Suspension – Per 7 CFR 3017.300, the SFMNP State agency has on file either 1) a current local agency certification in a format established by the State agency; or, 2) a local agency contract including assurance on debarment / suspension, which may be satisfied by the local agency debarment/suspension certification provided for another program if it covers the same period as the SFMNP local agency contract; or, 3) a record showing that the SFMNP State agency had checked the Excluded Parties List System (EPLS) for each local agency.

x Yes ☐ No

- D. SF-LLL on File - The SFMNP State agency has on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each SFMNP local agency with a sub-grant exceeding \$100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for CSFP or Aging services only if the State agency – local agency contract covers both CSFP and Aging Services.)

x Yes ☐ No

- E. SF-LLL Transmission - The SFMNP State agency has provided a copy of any such disclosures to the FNS Regional Office.

x Yes ☐ No

Appendices

Required

A. Federal-State Supplemental Nutrition Programs Agreement (FNS-339)

Submitted with WIC and FMNP 2015 State Plan

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**STATE OF ALASKA**

Position Description

Class Title:
Dietitian I**Position Control
Number (PCN):****061589****Recruitment Type:** Normal**1. Position Control Information**

Class Title: Dietitian I	Code: K0126 Range: 18
Bargaining Unit: General Government - Personal Leave	Bargaining Unit Code: GP
Department: Health & Social Services	Department Number: 06
Division: Public Assistance	
Region/Section/Unit: DPA/WIC Anchorage	
Location: Anchorage	Location Code: EBA
Position Type: Full Time/OMB Authorized	Position Type Code: FACL
FLSA Exempt: Yes	Strike Class: 3
Position requires possession of a Commercial Drivers License (CDL):	No
Position requires possession of, or access to, firearms or ammunition:	No
AKPAY Organizational Routing Code: 06020408	
Physical Work Address: 3601 C St, Suite 140, Anchorage	
Work Phone: 907-269-8446	
Supervisor Information	
PCN: 061528 Title: Health Program Manager III	
Physical Work Address: 130 Seward St Juneau	
Work Phone: 907-465-8636	

Type of Action:	Reclass to same range, different job class
Effective Date:	06/16/2014
Division of Personnel Section:	Classification
Reviewed By:	Patrick Morrissey, Human Resource Consultant II, on 06/12/2014
Approved By:	Keith Murry, Human Resource Consultant IV, on 06/12/2014
Closed out by:	Don Wright, Human Resource Technician II, on 06/17/2014

2. Duties

2.1. In one or two sentences, state the main purpose of the position.

Under the direction of the Family Nutrition/WIC Program Director, and in collaboration with other Family Nutrition Services Unit staff, serves as WIC and Community Nutrition expert participating in population-based nutrition interventions to prevent diet related chronic disease and improve health for all Alaskans.

2.2. Starting from the most to the least important, list the functional areas assigned to the position. Within each functional area, describe the duty statement associated; estimate the percentage of time spent performing the duties; and define each area as essential (E) or marginal (M).

Functional Area Title: NUTRITION EDUCATION MANAGEMENT LEARNING SYSTEM, AND QUALITY ASSURANCE		
E/M	% of Time	Duty Statement
E	25 %	<p>Collaborates in the development, implementation, promotion and evaluation of nutrition education management learning systems for women, infants, and children with special nutritional needs. Uses objective criteria to ensure the nutrition information is scientifically correct, culturally appropriate, easy to understand, containing positive and simple messages, and encouraging of positive behavioral changes to promote healthy eating and lifestyle choices.</p> <p>Plans, coordinates, and presents, using emerging learning technology methods and culturally-appropriate materials, for state and local agency staff provided through the Alaska WIC Spring and Fall State conferences and LA teleconferences. Develops related training resources and conducts periodic review of the effectiveness of the learning systems used. Updates resources and training, as needed.</p> <p>Collaborates in the development, implementation, and evaluation of culturally appropriate nutrition education counseling methods, materials, and delivery systems for nutrition education campaigns aimed at reducing childhood overweight and obesity.</p> <p>Creates nutrition services campaigns to meet the special nutrition education needs of FNP's target audiences and/or underserved population groups.</p> <p>Participates in professional speaking/program promotion representing the Family Nutrition Programs Unit on health matters involving the nutrition needs and status of Alaska women, infants, children, and seniors to influence behavior changes to improve health status and/or goals.</p> <p>Participates in conducting federally required management evaluations of WIC grantees to ensure compliance with State and Federal regulations and policies. Collaborates in simplifying the management evaluation process with new forms, timelines, procedures and policies.</p> <p>Conducts periodic desk audits of WIC local agencies' clinic practices in conjunction with management evaluations to ensure the delivery of quality nutrition services and to determine that any issues of noncompliance are resolved.</p> <p>Develops monitoring tool to assess quality assurance compliance of the Commodity Supplemental Food Program (CSFP) to federal and state regulations.</p> <p>Participates in Western Regional WIC committee teleconferences and activities.</p>

Functional Area Title: WIC NUTRITION ASSESSMENT, WIC SUPPLEMENTAL FOODS AND FOOD PACKAGES

E/M	% of Time	Duty Statement
E	20 %	<p>Assists the WIC Nutrition Coordinator in the execution of the Participant Centered Education (PCE)/ Participant Centered Services (PCS) initiatives, the WIC Nutrition Risk Criteria Revisions, and the State Nutrition Action Plan/Food Assurances collaborative.</p> <p>Collaborates with other FNP staff in coordinating SPIRIT with the existing AKWIC computer system including adjusting business rules, coordinating food packages, and nutrition education topics, etc. Become familiar with SPIRIT operating processes to act as a reference to LA's and other users.</p> <p>Collaborating with the WIC Nutrition Coordinator and with the assistance of the Vendor unit, help maintain the nutritional integrity of the WIC food list. Assist and support the development of food authorization standards and authorized food lists according to federal regulations and state policies. Contribute to the selection of food types to be added to annual updates of the statewide food list. Create and maintain nutrition requirement spreadsheets establishing criteria for new food submissions. Communicate with manufacturers, vendors, and other submitters about submission requirements. Evaluate submissions for adherence to USDA and Alaska state guidelines.</p> <p>Assists in the coordination, creation, and implementation of the Enteral Nutrition Prescription Request (ENPR) process to review and approve issuance of special medical formulas or medical foods. ENPRs are submitted by physicians and other health professionals authorized to write prescriptions throughout the state through local WIC Registered Dietitians for high risk infants, children and women with special medical needs. Following established guidelines, responsible to assists Local Agency Registered Dietitians (RD) in the review and authorization of special medical formulas and medical foods for non-contract formulas. Also assists in the approval by RDs for foods for religious reasons and possible diet preferences for all clients.</p> <p>In coordination with the State WIC Nutrition Coordinator, assists in providing statewide clinical consultation and advice to state and local agency WIC staff regarding the nutritional management of complex, high-risk WIC participants diagnosed with serious medical conditions, based on the Medicode International Classification of Diseases, current edition, Clinical Modification (ICD-10-CM)</p> <p>Participates in providing technical assistance to local WIC Coordinators, public health nurses, registered dietitians, and licensed nutritionists regarding pediatric and women's nutrition questions and WIC operations directly or by telephone.</p>

Functional Area Title: NUTRITION EDUCATION MATERIALS AND RESOURCES		
E/M	% of Time	Duty Statement
E	15 %	Assists the WIC Nutrition Services Coordinator to identify and distribute nutrition references, current literature, and other tools for improving nutrition education services including WIC Composition of Medical formulas references. Assists the Family Nutrition Programs (FNP) unit to partner with existing health or educational organizations to disseminate nutrition education materials and resources.

Functional Area Title: COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) COORDINATION		
E/M	% of Time	Duty Statement

E	10 %	<p>Coordinates the USDA CSFP to improve the health of low income pregnant and breastfeeding women, new mothers up to one year post partum, infants and children up to age six, and elderly people at least 60 years of age, by supplementing their diets with nutritious USDA commodity foods.</p> <p>Responsible for planning, developing, coordinating, and implementing CSFP federal and state program policy. Prepares annual state budget and caseload distribution. Requests additional caseload on a yearly basis from USDA. Prepares and submit corrections to USDA for the CSFP state plan as needed. Coordinates with grants and contracts to prepare grant documents for local grantees (2), identifies sources and submit grant documents for CSFP program funding and oversees CSFP grant activities. Collects and compiles inventory information from the program grantees and generates the state FNS-153 commodity inventory report. Prepares and submit federal reports using federal reporting systems. Provides advisory and evaluation services by establishing a multi-faceted CSFP outreach, referrals, and nutrition education system. Monitors local level CSFP certification, food ordering, inventory, record keeping, receipt and distribution systems and food packaging operations. Ensures federal regulations, fiscal policies, and state policies are followed at the grantee and sub-grantee levels.</p> <p>Participates in Western Regional USDA monthly teleconferences.</p>
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Functional Area Title: SENIOR FARMERS' MARKET NUTRITION PROGRAM (SMNP)		
E/M	% of Time	Duty Statement
E	5 %	<p>Coordinates the SFMNP program, serving income eligible seniors age 60 and older, which provides fresh fruits and vegetables through coupons redeemed at local approved farmers' markets and farmstands. Develop, implements, and evaluates a SFMNP strategic plan in coordination with FNP. Plans, coordinates and implements federal, fiscal, and state program policy. Prepares annual state budget for program. Identifies and access additional sources of income, submits grant applications within program funding, and performs general oversight of program activities. Develops plans for quality assurance through consultation, monitoring, evaluation and administration of the SFMNP. Functions as liaison between USDA, state approved farmers markets, local senior centers and community organizations, and external players on SFMNP issues including the development of interagency information, outreach, nutrition education, and campaign and referral systems. Provides advisory/evaluation services, technical assistance, and consultation to local distributing agencies (senior centers and community organizations) and Farmers' Markets, including developing educational materials for the training of local staff about SFMNP services. Procures nutrition education for inclusion in coupon packages for eligible seniors.</p> <p>Prepares and submits annual State Plan to USDA. Coordinates with grants and contracts and other FNP staff to prepare grant documents for farmer reimbursement grantees. Coordinates with reimbursement grantees to prepare final USDA annual report. Designs and arrange for printing of SFMNP coupons with outside vendor. Prepares and arranges for printing of program materials to be sent to distributing agencies for agency and participant use.</p> <p>Surveys distributing agencies for coupon distribution requests. Calculates number of coupons to distribute to each agency depending on current requests, previous distribution amounts, and USDA funding. Prepares distribution sheet for all other paperwork including nutrition education. Prepares coupon receipts and tracking of coupons and other documents from agencies. Coordinates tracking of statewide participation to prevent dual coupon issuance. Arranges for redistribution of coupons in late summer.</p> <p>Participates in monthly Western Region Coordinators' teleconferences.</p>

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Functional Area Title: Supplemental Nutrition Assistance Program (SNAP) Nutrition Education and Obesity Prevention (NEOP)		
E/M	% of Time	Duty Statement
E	20 %	Functions as Alaska State SNAP NEOP Assistant Coordinator under the direction of the Family Nutrition/WIC Program Director. Guides SNAP-NEOP direction and program application. Coordinates need assessments leading to planning and implementation of SNAP NEOP goals. Participates in the development of guidelines and procedures for the statewide SNAP NEOP program within USDA guidance and regulations. Conducts management evaluations for local and statewide SNAP NEOP programs to ensure compliance with federal and state regulations. Evaluates statewide data to improve program performance. Prepares statewide reports and the USDA federal fiscal year state plan including budgetary information with input from local and statewide partners and ensures timely submission. Prepares annual report incorporating data from both local and state participating agencies and departments. Identifies training needs statewide and coordinates statewide and local nutrition education and projects adapting to Alaska's unique circumstances and needs. As recommended by USDA, encourages use of federal nutrition topics as part of nutrition plans. Incorporates use of State of Alaska Family Nutrition Themes in nutrition education projects. Serves as a statewide liaison for local, state, and federal agencies. Participates in Western Regional USDA teleconferences.

Functional Area Title: OTHER DUTIES AS ASSIGNED		
E/M	% of Time	Duty Statement
E	5 %	This position may be assigned other duties, as needed.

Percentage Total: 100%

3. Other Work Details

3.1. List the computer software and hardware used to perform the duties described. Estimate how often each is used (e.g. daily, 2-3 times a week, 1-2 times a month, etc.).

Personal computer using standard commercial word-processing, spreadsheet, data base and presentation software), use of proprietary statewide Alaska WIC Computer System, AKSAS, Access, CDC Wonder, and Graphics software.

3.2. List the equipment and materials used to perform the duties described, including machinery, tools, instruments, vehicles, etc. Estimate how often each is used (e.g. daily, 2-3 times a week, 1-2 times a month, etc.).

Scanners, photocopiers, fax machines, multi-line telephones, anthropometric equipment, food service/culinary equipment and tools, calculators, computer projectors, and a variety of equipment used for educational/training purposes. Drive a car between meetings and work site.

3.3. List the guides and references regularly used to perform the duties described. Examples include federal and state laws and regulations, professional standards, building codes, trade practices, contracts, and policy and procedure manuals. Explain how and why these guides and references are used. Estimate how often each is used (e.g. daily, 2-3 times a week, 1-2 times a month, etc.).

Federal Register, USDA Food and Nutrition Service 7 CFR Part 246

Alaska State WIC Plan (Policy and Procedure Manual)

USDA's 7 Code of Federal Regulations (CFR) Part 246.

Supplemental Nutrition Assistance Program (SNAP) and Nutrition Education on Obesity Prevention program regulations.

Alaska Statute AS 36.30; Administrative Manuals, including contract administration, budgeting, state purchasing procedures, personnel policies and procedures.

WIC Nutrition Service Standards

WIC Nutrition Risk Criteria

National Academy of Sciences, American Diabetes Association, American Dietetic Association, USDA, and the Centers for Disease Control and Prevention. Examples include Dietary Guidelines for Americans, MyPlate.gov, RDA's, Professional standards of the American Dietetic Association. Position requires registration with the Commission on Dietetic Registration and licensure with the State of Alaska Board of Licensure.

3.4. Describe the level of authority and independence the incumbent of the position exercises. List the actions the incumbent takes or the decisions the incumbent makes on a regular basis without obtaining prior approval from a higher level employee. For example, explain how the position has the authority to commit the organization, or any parts thereof, to a course of action.

This position receives direct supervision by Family Nutrition/WIC Program Director. Decisions including

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prioritizing needs to be addressed in program development, coordinating services, organizing statewide coalition meetings and planning related agendas. Actions include purchasing appropriate resource materials, developing educational and training materials, participating in inter- and intra-agency meetings, and coordinating and planning training for Division staff, health professionals and others. Collaborates with grants and contracts to maintain program grants to local agencies.

3.5. Describe the nature of the contacts the incumbent has with other people in order to perform the duties described. Include who is contacted, the reason for the contact, and how often the contact is made.

Thorough knowledge of current principles, practices and procedures of public health nutrition. Excellent writing, communication and negotiation skills, especially those associated with social marketing and establishing and maintaining coalitions and public-private partnerships. Ability to lead discussion panels, workshops, seminars and coalitions.

3.6. Describe the consequence of an error made by a prudent employee in the performance of the essential functions assigned to the position. What is the consequence of that error to individuals, operations, and programs?

Advising to issue the wrong special medical formula for high risk WIC infants or children affects their nutritional status which may further compromise their health.

Misinterpreting the USDA WIC New Food Packages Rule in the development of the Alaska WIC New Food Packages affects all areas of program operations, from Management Information System, Food Prescription, Nutrition Education, Vendor Management and Financial Management. This misinterpretation could lead to confusion and the dissemination of inaccurate information.

Inaccurate calculations of food prescriptions could result in over or under-billing of rebate contracts.

3.7. List critical requirements of the position not previously described (e.g., skills in keyboarding, writing, negotiating, communications, etc.).

Above average writing and communication skills are necessary and very important for the successful implementation of the duties and responsibilities of the PHS I.

3.8. List licenses, certifications, registrations, physical or other standards required by state or federal law or regulation to perform the duties described. Cite the specific authority (e.g. law or regulation, such as the OSHA Bloodborne Pathogens Act).

Masters of Public Health or Masters of Science in Nutrition is preferred but will accept a minimum of 5 years of directly related work experience in public health nutrition and a Bachelor's Degree in Nutrition. Knowledge of public health, chronic disease prevention and treatment, social marketing, and population-based nutrition intervention; ability to lead and direct diverse groups and coalitions; ability to work with various forms of media; excellent written and oral communication skills.

Registered Dietitian, American Dietetic Association.

Licensed Dietitian, State of Alaska (AS 08.38)

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4. Work Demands

The following identifies some of the physical and mental demands and potential hazards typically encountered by this position. These are job demands which can be ***reasonably anticipated and are an expectation of the job***.

Keeping in mind the essential functional areas and duty statements described in section 2, select the rating that best matches the requirement of this position according to the following descriptions:

Rating Description

Not Required (N): Not required of this position.

Present (P): Requirement **is** present, but **is not** essential to the position. (For example, a receptionist may encounter aggressive or angry people, but this is not an essential assignment.)

Occasional (O): Required 33 percent of the time or less **and** essential to the position. (For example, a lifeguard swims only occasionally, but it is essential that a lifeguard be able to swim; a correctional officer must control aggressive/angry people who are life threatening.)

Frequent (F): Required over 33 percent of the time **and** essential to the position.

Items checked below must be consistent with the duty statements listed in section 2.

4.1 Physical Requirements

Title	Rating			
	N	P	O	F
Sitting				F
Walking			O	
Standing			O	
Running	N			
Jumping	N			
Bending or twisting			O	
Squatting or kneeling			O	
Crawling	N			
Reaching above shoulder level			O	
Reaching below shoulder level			O	
Ascending or descending using a ladder or other conveyance	N			
Climbing stairs		P		
Driving cars, light duty trucks			O	
Driving heavy duty vehicles	N			
Using floor mounted foot controls to operate equipment (e.g., not driving a car)	N			
Repetitive motion of hands/fingers (e.g., keyboarding, turning pages)				F
Fine manipulation with fingers		P		
Pinching with fingers	N			
Grasping with hand, gripping		P		
Load, unload, aim, and fire handguns, shotguns or other firearms	N			

Lifting/carrying up to 25 pounds		P		
Lifting/carrying 26-50 pounds		P		
Lifting/carrying more than 50 pounds	N			
Pushing/pulling up to 25 pounds		P		
Pushing/pulling 26-50 pounds		P		
Pushing/pulling more than 50 pounds	N			
Balancing on moving surfaces	N			
Balancing on narrow surfaces	N			
Balancing on slippery surfaces	N			
Balancing on uneven surfaces	N			
Restraining/grappling with people in a public protection environment	N			
Seeing objects at a distance	N			
Seeing objects peripherally	N			
Using depth perception	N			
Seeing close work (e.g., typed print)				F
Distinguishing colors			O	
Hearing conversations or sounds				F
Hearing via radio or telephone				F
Communicating through speech				F
Communicating by writing/reading				F
Distinguishing odors by smell		P		
Distinguishing tastes			O	

4.2 Work Environment

Title	Rating			
	N	P	O	F
Work in/exposure to inclement weather	N			
Work in/exposure to cold water	N			
Work/live in remote field sites			O	
Work in confined areas (under desks, in heating vents, etc.)	N			
Exposure to dust, chemicals, or fumes	N			
Exposure to hazardous equipment (e.g., guns, chainsaws, explosives)	N			
Exposure to electrical current (not outlets)	N			
Swimming/scuba diving	N			
Work at heights up to 25 feet (e.g., towers, poles)	N			
Work at heights over 25 feet (e.g., towers, poles)	N			
Work in urban or highway traffic (other than driving)	N			
Work around moving machinery or mobile equipment	N			
Work around moving mechanical parts	N			
Work on and off moving equipment	N			
Work on slippery or uneven surfaces		P		
Work/travel in boat/small aircraft/helicopters			O	

Exposure to high noise levels	N			
Exposure to infection, germs, or contagious diseases (e.g., hospital, lab, clinic, etc.)		P		
Exposure to blood, body fluid, or materials potentially contaminated by blood or body fluids (e.g., hospital, lab, clinic, public protection environment)		P		
Exposure to needles or sharp implements (e.g., hospital, kitchens)				F
Use of hot equipment (e.g., kitchen ovens, lab equipment)			O	
Exposure to wild/dangerous animals	N			
Exposure to insect bites or stings	N			
Exposure to aggressive/angry people in a public protection environment	N			

4.3 Other Work Demands

Title	Rating			
	N	P	O	F
Exposure to aggressive/angry people in the work environment		P		

4.4. Explain any special physical, mental, or behavioral requirements of the position that have not already been addressed.

These requirements are addressed in various sections of this document.

5. Supervisory Authority

This page must be completed if PCN **061589** is assigned supervisory or lead level authority (this includes Labor, Trades and Crafts foreman positions). In the chart below, list each position PCN **061589** supervises or leads. Record **061589** 's level of authority for each area of responsibility according to the definitions below. Subordinate positions listed must be consistent with those reflected on the staffing chart, and levels of authority must be substantiated in all other applicable portions of the PD (i.e. duties, guides, actions, decisions).

Note: These ratings are not dependent upon whether the position has actually exercised the authority, but rather what level is assigned.

Level Definition of Level of Authority Assigned

- 1 = Has authority to take action; notification to supervisor may or may not be necessary afterward.
- 2 = Effectively recommends and discusses decision with supervisor; then takes action.
- 3 = Presents recommendations to supervisor; supervisor makes decision and directs position to take action.
- 4 = No authority to take or recommend action.

Is PCN **061589** assigned supervisory or lead level authority for one or more of the responsibilities listed in the chart below? **No** If no, skip this section.

PCN 061589 's Responsibilities and Assigned Level of Authority									
Positions Directly Supervised or Led by PCN 061589	Employ (includes authority to hire, transfer, layoff, OR recall)	Discipline (includes authority to suspend, demote, OR issue written warnings)	Discharge	Adjudicate Grievances (includes authority to respond to a first level grievance under a collective bargaining agreement)	Assign Work	Set Task Priorities	Check Quality of Work	Evaluate Performance	Instruct & Train Staff
None									

B. Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)

N/A

C. Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, roadside stands, or CSA programs, or for conducting bulk purchases, if applicable

See FMNP 2015 State Plan

D. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)

N/A

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E. Instructions to participants, including rights and responsibilities

How to Use Senior Farmers' Market Coupons

- ✧ Take your coupon to an approved farmers' market, farm stand or farm. You cannot use these coupons at a grocery store.
- ✧ Look for the “**Senior/WIC Farmers' Market Welcome Here**” signs. These farmers will accept the coupons.
- ✧ Coupons can be used to buy Alaska-grown fresh fruits, vegetables and herbs. Check the “Authorized Foods” list for the foods that you can buy with your coupons.
- ✧ Each coupon is worth \$5.00. You can buy \$5.00, \$10.00, \$15.00, etc. worth of fruits or vegetables from the farmer.
- ✧ Tell the farmer you are buying with a senior coupon.
- ✧ The farmer cannot give change. The farmer will add or take away fruit or vegetables from your purchase to make it exact.
- ✧ These coupons are just like cash and cannot be replaced. Report any lost, stolen or damaged coupons to your Senior Program agency.
- ✧ Let your Senior Program agency know if you have any problems using your coupons.
- ✧ If you are going to a farm, call ahead of time to see when they are open and what kinds of fruits and vegetables are ready.
- ✧ Helpful shopping tips: try to get to the market before noon for the best selection. Bring your own bag and look for the best bargain within the market.

G. List of fruits, vegetables and/or fresh herbs that are eligible in the program

Senior Farmers' Market Nutrition Program Alaska-Grown Eligible Foods

Any harvested Alaska-Grown fresh fruit, berry, herb, or vegetable grown in Alaska and sold at an authorized farmers' market, farm stand or farm.

Asparagus	Celery	Parsnips
Beans (green, purple, white, string type)	Chard	Peas
Beets	Corn	Peppers, Hot
Blackberries	Cucumber	Peppers, Sweet
Blueberries	Garlic	Potatoes
Bok Choy	Greens	Pumpkins
Boysenberries	Herbs (any type)	Radishes
Broccoli	Kale	Raspberries
Brussels Sprouts	Kohlrabi	Rhubarb
Cabbage	Lettuce	Rutabagas
Carrots	Loganberries	Spinach
Cauliflower	Marionberries	Squash
	Mushrooms	Strawberries
	Onions (dry, green)	Tomatoes
		Turnips

Foods not allowed: honey, maple or birch syrup, cider, nuts/seeds, eggs, meat, cheese and seafood. SFMNP coupons cannot be used at a grocery store.



Thank you for supporting Alaska's agriculture by using
Alaska Grown!

For more information on Alaska Grown products, visit

www.alaskagrown.org

or www.dnr.state.ak.us/ag

H. Samples of reporting forms for record keeping (if available)

Numerous reports exist in Excel for coupon distribution

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I. Copy of the log or other forms used to record and report coupon/check issuance and inventory

PARTICIPANT & COUPON REGISTER - To be EMAILED or FAXED (elaine.nisonger@alaska.gov) or 907-269-1032

Senior Agency Name:

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Reason Code: **A:** Initial Coupon Issue **B:** Damaged Coupon (Agency) **C:** Damaged Coupon **D:** Lost Coupon **E:** Stolen Coupon



Racial Data Code: **AN:** American Indian or Alaska Native **AS:** Asian, Far East, Indian subcontinent **BA:** Black or African American

HP: Native Hawaiian or Other Pacific Islander **WH:** White, Caucasian, European descent

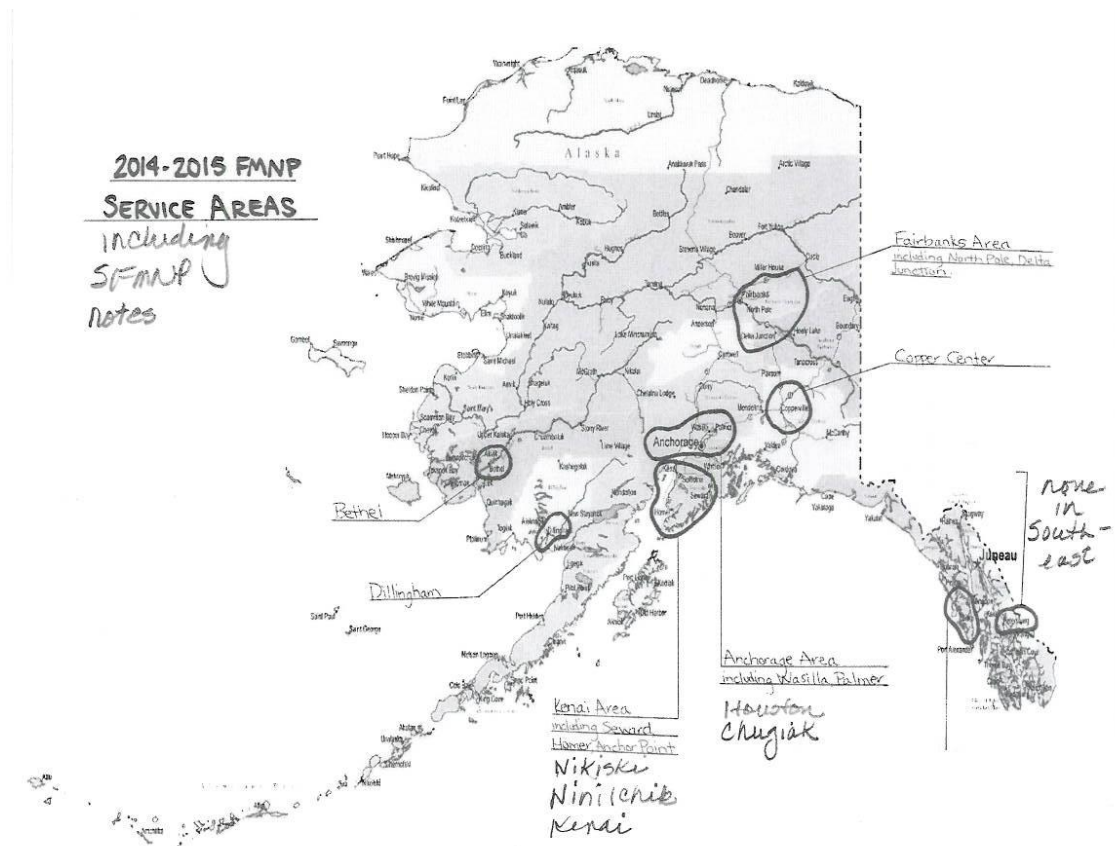
Date	Participant Name/Signature	Proxy Name (if applicable)	Coupon Numbers		Racial/ Ethnic Code (see above)	Hispanic or Latino Y / N	Program Eligible Y / N	Certifier's Name (Senior Agency Representative)	Coupon Issuance Reason Code (see above)
			From	To					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

revised 6/08

J. Facsimile of the SFMNP coupon, check or EBT card

	\$5.00 Five Dollars	No. <000000> 15
2015 Alaska Senior Farmers' Market Nutrition Program		
Farmer Code: _____ Farm/ Market Name: _____	<div style="border: 1px solid black; padding: 5px; text-align: center;">This coupon may only be used for the purchase of locally grown fresh fruits, vegetables and herbs at locations approved by the</div>	
Date Used: _____	Good from June 1, 2015 to October 31, 2015 No change. Not good for cash	
All Senior Farmer's Market coupons must be submitted for reimbursement within 30 days of redemption.		
Thank you for supporting Alaska's agriculture. Alaska Grown... Fresher By Far For more information on Alaska Grown products, visit www.alaskagrown.org		

- K. Map outlining service areas and proximity of farmers' markets, roadside stands, and/or CSA programs from the prior year's operation to SFMNP local agencies



Additional notes to FMNP map include cites with SFMNP agencies. All agencies have authorized FMNP markets in the near vicinity.

- L. List of criteria used to authorize farmers' markets
- M. List of criteria used to authorize farmers
- N. List of criteria used to authorize roadside stands
- O. List of criteria used to authorize farmers for bulk purchase programs.
- P. Copy of prototype agreements for farmers, markets, CSAs and bulk purchases (if applicable)
- Q. Training materials for farmers, markets, roadside stands and CSAs (if applicable)
- R. State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)

Appendices from L through R covered in FMNP 2015 State Plan

S. Sample State-wide application form

DRAFT

**Senior Farmers' Market Nutrition Program
Affidavit for Eligibility**

***Name:** _____ ***Birth date:** _____

Address: _____

City: _____ **Zip code:** _____ **County:** _____

Phone: _____

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to lower-income seniors with the goal of improving their health and nutritional status. It also supports local farming by increasing the use of farmers markets and roadside stands.

To be eligible for the SFMNP, you must meet **all** of the following:

1. I am 60 years old or older*
2. I am a resident of Alaska*
3. I participate in one of following programs:*
- a. CSFP
- b. TEFAP
- c. Public Assistance
- d. Food Stamp Nutrition Education Program

OR Live in household with someone who participates in*:

- i. WIC
- ii. CSFP
- iii. Reduced or Free School Meals

OR my income is below 185% of Federal Poverty Level*. See current income guidelines.

By signing this form, you certify that you meet the all the eligibility requirements above and acknowledge that you have been given SFMNP Rights and Responsibilities information.

* _____
Participant Signature

* _____
Date

The USDA requires us to report race and ethnicity information. It is used to learn about who SFMNP serves and does not affect your SFMNP eligibility. Race means the origins of your family or ancestors. Ethnicity means a person's culture. Please answer the two questions below:

1. Do you consider yourself Hispanic/Latino? ☐ Yes ☐ No
2. Please check all that apply: ☐ American Indian or Alaska Native ☐ Asian ☐ White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

* Items marked by * are mandatory

revised 5/13

T. Sample notification of ineligibility

APPENDIX F: PARTICIPATION STATUS LETTER

SFMNP Participation Status Letter

Senior Agency : _____ DATE: _____

ADDRESS: _____

PHONE: _____

PARTICIPANT NAME _____

ADDRESS: _____

PHONE: _____

This letter is to inform you of your participation status in the Senior Farmers' Market Nutrition Program.

You have been placed on a waiting list. SFMNP coupons are available first come – first served. We will contact you as soon as coupons become available.

You do not meet income requirements.

You do not meet age eligibility requirements.

You do not meet residency requirements.

Other _____.

If you feel that this decision is not fair, you may ask for a Fair Hearing by contacting the Civil Rights Coordinator at (907) 465-3100 or in writing to the State of Alaska SFMNP Program at 130 Seward St., Juneau, AK 99801. You must ask for the Fair Hearing within 60 days from the date of this letter. At the Fair Hearing you, a friend, or a relative can help give your side of the story.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).
USDA is an equal opportunity provider and employer."

U. State agency's monitoring tool to review local agencies/clinics

DRAFT

**Alaska Senior Farmers' Market Nutrition Program
Local Distributing Agency Review**



Agency Name: _____

Date of Visit: _____

Address: _____

SFMNP Coordinator: **Elaine Nisonger, RD, LD**

Phone: **907-269-8446**

Email Address: **elaine.nisonger@alaska.gov**

Fax: **907-269-1032**

Agency Director: _____

Phone: _____

Email Address: _____

Fax: _____

Contact Person: _____

ADMINISTRATION

Review a sampling of participant application forms.

1. Are all program records available during normal business hours for the State office or USDA representatives to inspect, audit and copy? Yes () No ()
2. Is there an application/affidavit form filled out for every eligible senior? Yes () No ()

PARTICIPATION DATA

1. What is the agency's current participation? Seniors _____ As of Month/Yr _____
2. What is the agency's designated service area?

3. If more coupons were available, would your agency be able to use them?

CERTIFICATION PROCESS AND FORMS

Review a sampling of certification forms for completeness and accuracy.

1. Is certification being conducted by the agency according to certification standards? Yes () No ()
2. Are applicants informed of the right to a fair hearing? Yes () No ()
3. If denied participation at the time of applicant submission, are the individuals being informed of:
their information being added to the waiting list? Yes () No ()
the right to a fair hearing? Yes () No ()
the method a hearing may be requested? Yes () No ()
that any positions or arguments on behalf of the individual may be presented personally or
by a representative such as a relative, friend, legal counsel or other spokesperson?
Yes () No ()
4. Is racial/ethnic data being collected and maintained on file for 3 years? Yes () No ()
5. Are Social Security Numbers being collected? Yes () No () (This should be a No)
6. Are individuals being placed on waiting lists if eligible? Yes () No ()
7. Are waiting lists being utilized as additional booklets become available? Yes () No ()

DRAFT

NON-DISCRIMINATION AND CIVIL RIGHTS

1. Are non-discrimination posters posted in a visible place for all clients to see? Yes () No ()
2. Is the USDA non-discrimination statement being included on all printed materials such as applications, pamphlets, forms or any other materials distributed to the public? Yes () No ()
3. Do all eligible persons have an equal opportunity to participate in the SFMNP program regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status? Yes () No ()
4. Are civil rights complaints being handled in accordance with the procedures outlined in the Food Distribution Agreement with the State? Yes () No ()

COUPON/BOOKLET STORAGE SITE

1. Does the agency maintain coupon booklets in a secure area on-site? Yes () No ()
2. Agency understands their responsibilities for securing documents & coupon booklets? Yes () No ()
3. Do all storage areas have adequate security (locks, alarms, controlled access to storage, etc.)? Yes () No ()

RECORDS CONTROL

1. Does Agency keep copies of all program related paperwork for 3 years? Yes () No ()
If no, explain _____
2. Does the Agency conduct a monthly physical inventory and reconcile it with actual distribution figures? Yes () No ()

NUTRITION EDUCATION

1. Do participants receive an explanation of the importance of the consumption of fresh fruits, vegetables and herbs by the participant for whom they are prescribed? Yes () No ()
2. Do participants receive an explanation of the importance of health care? Yes () No ()
3. What types of nutritional education programs are available to Senior participants through this Agency?

RACIAL STATISTICAL DATA (%)

1. Is Agency collecting Racial/Ethnic data as outlined by USDA/FNS? Yes () No ()

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Corrective Action Required: Yes () No ()
List of Corrective Action Required:

Thirty Day Follow-up: Yes () No ()

Date: _____

Signature – Reviewer

Date of Review

Signature-Agency Representative

V. Copy of SFMNP affidavit to affirm income eligibility

2014 SFMNP Federal Poverty Guidelines

Persons in Family or Household	Annual Income	Monthly Income
1	\$26,973	\$2,248
2	\$36,371	\$3,031
3	\$45,769	\$3,815
4	\$55,167	\$4,598
5	\$66,565	\$5,381
6	\$73,963	\$6,164
7	\$83,361	\$6,947
8	\$92,759	\$7,730
For each additional person, add	+ \$9,398	+ \$784

W. List of criteria for certifying SFMNP participants

DRAFT

Eligibility for Certifying Seniors for SFMNP

- ❖ Senior Age 60 and Older

- ❖ Live in Anchorage, Kenai Peninsula, Matanuska Borough, Fairbanks, Delta, or other participating areas.

- ❖ I participate in one of following programs:
 - ❖ CSFP
 - ❖ TEFAP
 - ❖ Public Assistance
 - ❖ Food Stamp Nutrition Education Program

- ❖ Live in household with someone who participates in:
 - ❖ WIC
 - ❖ CSFP
 - ❖ Reduced or Free School Meals

- ❖ OR my income is 185% of the federal poverty level.
 - See income level chart at distributing agency for exact amounts.

SFMNP Certification Statement

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

The fine print on the register was enlarged on this poster for ease of reading.

X. List of criteria used to authorize CSA programs (if applicable)

N/A

Y. List of SFMNP certification/issuance sites

Alaska Community Services
Anchor Point Senior Center
Anchorage Senior Center
Catholic Soc Svcs. RAIS
Catholic Soc. Svcs.-St. Francis House
Chugach View / Chugach Manor
Chugiak Senior Center
Cook Inlet Housing Program
Copper Center Native Association
Deltana Community Services
Dillingham Senior Center
Fairbanks Native Association
Fairbanks Resource Agency
Homer Senior Citizens, Inc.
Kenai Peninsula Food Bank
Kenai Senior Center
Mabel T. Caverly Senior Center
Manor Management
Mid Valley Senior Center
Nenana Senior Center
Nikiski Senior Center
Ninilchik Senior Center
North Pole Senior Center
North Star Council on Aging
Orutsararmuit Native Council, Bethel
Palmer Senior Center
Salvation Army/Older Alaskans Program
Seward Senior Center
Soldotna Senior Center
Southcentral Foundation Elder Program
Sterling Senior Center
Wasilla Area Seniors, Inc.

Optional

1. Sample proxy form

DRAFT

Senior Farmers' Market Nutrition Program Proxy Form

Name of Senior/ Participant: _____

Address: _____

City: _____ Zip code: _____

Phone: _____ Birth date: _____

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to lower-income seniors with the goal of improving their health and nutritional status. It also supports local farming by increasing the use of farmers markets and roadside stands.

Seniors are encouraged to be active participants in redeeming their checks and choosing the fresh produce they will buy. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Name of Representative / proxy: _____

Address: _____

City: _____ Zip code: _____

Phone: _____

By signing this form, you appoint the above named representative to represent your interests in the SFMNP. This can include signing the affidavit for eligibility, being issued checks, receiving nutrition education, and redeeming checks.

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney or Guardianship in effect, please attach a copy to this document.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Proxy Form - 2013 Alaska SFMNP

2. Examples of nutrition education materials

The Shelf Life of Fruits and Vegetables

-- By Stephanie Romine, Staff Writer



In addition to storing your fruits and veggies properly, it's good to know approximately how long the fresh stuff will last. Plan your trip to the grocery or farmer's market accordingly so that your foods are at the peak of freshness when you plan to prepare them, and you're not throwing away food that's gone bad before you get a chance to use it.

So, how long will it last?

Once you've brought it home and stored it properly, you can prioritize your produce. First, eat the things that will spoil quickly, such as lettuce and berries. Save the longer-lasting foods (like eggplant and oranges) for later in the week.

1-2 Days	2-4 Days	4-6 Days	7+ Days
Artichokes Asparagus Bananas Basil Broccoli Cherries Corn Dill Green beans Mushrooms Strawberries Watercress	Arugula Avocados Cucumbers Eggplant Grapes Lettuce Limes Pineapple Zucchini	Apricots Blueberries Brussels sprouts Cauliflower Grapefruit Leeks Lemons Oranges Oregano Parsley Peaches Pears Peppers Plums Spinach Tomatoes Watermelon	Apples Beets Cabbage Carrots Celery Garlic Hard Squash Onions Potatoes

http://www.sparkpeople.com/resource/nutrition_articles.asp?id=

FY 2015



Request for Expansion Funds

Senior Farmers' Market Nutrition Program



**Senior Farmers' Market Nutrition Program
Request for Expansion
Fiscal Year 2015**

This section should be completed only if a State agency operated a Federally-funded SFMNP in fiscal year (FY) 2014. If a State agency is requesting an increase in Federal funds above its base grant, the expansion request should be consistent with expanding benefits to more participants or by enhancing current benefits, or a combination of both, and increasing the consumption of agricultural commodities by expanding, developing, or aiding in the development and expansion of farmers' markets, roadside stands, and community supported agriculture (CSA) programs. Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds if, in the judgment of FNS, a good cause existed for the lower expenditure rate (§249.14 (e)(1-2)).

Contingent upon the availability of funds and the justification provided to FNS, expansion requests will be granted as early in the fiscal year as possible.

1. Base Grant amount for FY 2015 (this is your final FY 2014 grant amount):
\$85738.
2. Amount of expansion funds requested (additional Federal funds above your FY 2015 base grant in item number 1): \$13,456.
3. Estimated amount and percent of Federal SFMNP food funds spent by the State agency during FY 2014: \$65,150 and the percentage: 84%.

4. Briefly describe the reason(s) for requesting funds to expand the SFMNP, including any supporting documentation. Attach additional sheets as needed.

Many agencies requested more coupons than were available from our lowered federal grant. Some agencies did not advertise in the early spring because authorization for this program has been late for several years.

5. Number of additional participants above the previous year's level the State agency hopes to serve with the expansion funds: 485
6. Number of additional farmers' market sites, roadside stands, CSA programs, and local agencies (e.g., Area Agencies on Aging or CSFP) the State agency anticipates authorizing:

_____ New farmers' market sites
_____ New roadside stand locations
_____ New CSA programs
_____ New local agencies
_____ New bulk purchase locations

For farmer's markets and farmers, see FMNP 2015 State Plan

7. If the State agency intends to increase the benefit level with expansion funds, what will be the benefit level after expansion?

For participants at markets and roadside stands _____
For participants in CSA programs _____
For participants in bulk purchase programs _____

8. Briefly describe the State agency's administrative capacity to manage the requested increase in SFMNP caseload effectively.

We have managed more coupons in the past and hope to be able to fulfill all the requests of our distributing agencies. The demand for senior services for low-income seniors is increasing in the state and the need for affordable food is growing.